

Office Information Questionnaire



FORM INSTRUCTIONS: Before entering any data, please gather all required information by clicking each section link below to familiarize yourself with the requirements. When ready to begin, complete the "Business Information" section, double check for accuracy, click "Submit", and proceed to the next form section. Continue this process until all form sections are completed. Note that it's normal for the form to load slowly due to complexity.

Business Information

Business Information

Date:



Client Name:

Site Address

City / State:

Tax ID#:

Business Hours of
Operation:

Lunch Period From:

Lunch Period To:

Submit

Administrative Contact Information

Administrative Contact Information

<u>Office Manager</u>	<u>Internal Technical Contact</u>	<u>Internal Billing Contact</u>
First / Last Name:	First / Last Name:	First / Last Name:
Title / Position:	Title / Position:	Title / Position:
Cell Phone #:	Cell Phone #:	Cell Phone #:
Office Phone # or Extension:	Office Phone # or Extension:	Office Phone # or Extension:
Office / Personal Email:	Office / Personal Email:	Office / Personal Email:

<u>Owner/Executive</u>	<u>Owner/Executive</u>	<u>Owner/Executive</u>
First / Last Name:	First / Last Name:	First / Last Name:
Title / Position:	Title / Position:	Title / Position:
Cell Phone #:	Cell Phone #:	Cell Phone #:
Home Phone #:	Home Phone #:	Home Phone #:
Office Phone # or Extension:	Office Phone # or Extension:	Office Phone # or Extension:
Office / Personal Email:	Office / Personal Email:	Office / Personal Email:
<u>Owner/Executive</u>	<u>Owner/Executive</u>	<u>Owner/Executive</u>
First / Last Name:	First / Last Name:	First / Last Name:
Title / Position:	Title / Position:	Title / Position:
Cell Phone #:	Cell Phone #:	Cell Phone #:
Home Phone #:	Home Phone #:	Home Phone #:
Office Phone # or Extension:	Office Phone # or Extension:	Office Phone # or Extension:
Office / Personal Email:	Office / Personal Email:	Office / Personal Email:
<u>Owner/Executive</u>	<u>Owner/Executive</u>	<u>Owner/Executive</u>
First / Last Name:	First / Last Name:	First / Last Name:
Title / Position:	Title / Position:	Title / Position:
Cell Phone #:	Cell Phone #:	Cell Phone #:
Home Phone #:	Home Phone #:	Home Phone #:
Office Phone # or Extension:	Office Phone # or Extension:	Office Phone # or Extension:
Office / Personal Email:	Office / Personal Email:	Office / Personal Email:

Submit

Staff Member Contact Information

Staff Member Contact Information

Alternatively, you may attach a Microsoft Excel spreadsheet containing data points below by clicking the "Browse" button on the bottom of this form.

1	First / Last Name	Title / Position	Office Phone # or Extension	Office / Personal Email
1				
2				
3				

4				
5				
6				
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10				
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22				
23				
24				
25				

Please click the "Choose Files" button below, select your spreadsheet document, and click "Submit".

Attachment:

Submit

Email Account Information

Email Account Information

We will need access to all current 3rd party web-based email accounts (gmail, yahoo, etc) used internally by staff in order to migrate them to the new email system. Note that this form does not need to be completed if all company email addresses reflect your website domain (e.g. John@FamilyMedical.com).

#	Account User First & Last Name or Group Name	Email Address	Password
1			

2			
3			
4			
5			
6			
7			
8			
9			

Submit

Other Information

Other Information

Alarm Info:

In order to assist you in case of emergency and to perform technical services after hours when required, we require alarm disarming/arming ability. We have this arrangement with all of our clients.

**Alarm Vendor
Name:**

**Alarm Vendor
Account Number:**

**Alarm Disarming
Procedure:**

**Alarm Arming
Procedure:**

**Alarm Building
Entrance / Exit
Path:**

**Alarm Building
Location:**

**Alarm Company
Support Hotline:**

**Alarm Disarm Call
In Verification
Password:**

Trash/Recycling:

Outdoor trash
/recycling
container location:

Trash/recycling
container lock key
location:

Are trash/recycling
containers ever
locked?
No
Yes

Ladder Availability:

Ladder Available?
No
Yes

Approximate
Height:

Location in Office:

Building Access: (for low voltage cabling)

Under Floor Crawl
Space Access
Location:

Attic Access Door
Location:

Staff Members who Need Remote Access to Office Computers:

First / Last Name:

First / Last Name:

First / Last Name:

First / Last Name:

First / Last Name:

First / Last Name:

First / Last Name:

First / Last Name:

First / Last Name:

First / Last Name:

Practice Management Software Information:

Software Title /
Vendor Name:

Account Number:

**Administrator
Account Username
/ Password:**

Submit