**Client On Boarding Worksheet**

**Client Information**

Client Name: Click here to enter text.

**Hours of Operation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site Name** | **Sun** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Contact Information**

 **Backline Phone Number** Click here to enter text.

**Alarm and Access Information**

Do we have a key to the office Click here to enter text.

 Do we have the alarm code Click here to enter text.

 Additional information for after-hours access:

 Click here to enter text.

 **Primary Emergency Contact**

 Name Click here to enter text.

 Mobile Click here to enter text.

 Home Click here to enter text.

 Hours for contact Click here to enter text.

 **Secondary Emergency Contact**

 Name Click here to enter text.

 Mobile Click here to enter text.

 Home Click here to enter text.

 Hours for contact Click here to enter text.

**Domain Administrator Username:** Click here to enter text.

**Domain Administrator Password:** Click here to enter text.

**Do users connect remotely today?:** Click here to enter text.

**If so, how?:** Click here to enter text.

**Other Notes Specific to Your Site:** Click here to enter text.

**Any known issues that need attention:**

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. Click here to enter text.
6. Click here to enter text.
7. Click here to enter text.
8. Click here to enter text.
9. Click here to enter text.
10. Click here to enter text.

**Vendor Information**

* **Internet Service Provider**
* Name Click here to enter text.
* Phone Number Click here to enter text.
* Account Number Click here to enter text.

[ ]  Copy of ISP Invoice

* **Copier Information**
	+ Company Name Click here to enter text.
	+ Contact Information Click here to enter text.
	+ Account Number or Device ID Click here to enter text.
* **Practice Management (PM) Information**
	+ Company Name Click here to enter text.
	+ Phone Number Click here to enter text.
	+ Account NumberClick here to enter text.
* **Electronic Medical Records (EMR) Information**
	+ Company Name Click here to enter text.
	+ Phone Number Click here to enter text.
	+ Account NumberClick here to enter text.
* **Security/Door Access**
	+ Company Name Click here to enter text.
	+ Phone Number Click here to enter text.
	+ Account NumberClick here to enter text.
* **Video Surveillance**
	+ Company Name Click here to enter text.
	+ Phone Number Click here to enter text.
	+ Account NumberClick here to enter text.
* **Phone Vendor**
	+ Company Name Click here to enter text.
	+ Phone Number Click here to enter text.
	+ Account NumberClick here to enter text.

**Additional Vendor Information (if available)**

* + **Electrician Info**
		- Name Click here to enter text.
		- Phone Number Click here to enter text.
	+ **Handyman Info(person handling wall mounts)**
		- Name Click here to enter text.
		- Phone Number Click here to enter text.