**CLIENT ID DETAILS**

Client Category …………………………………………………………………………………………………….

Name of Client…………………………………………………………………………………………………………

GIS Coordinate………………………………………………………………………………………………………….

Physical Address…………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………..

LGA……………………………………………………………………………………………………………………………..

State………………………………………………………………………………

Country…………………………………………………………………………….

Name of Chief Medical Director…………………………………………………………………………….

Telephone …………………………………………………………………………….

Email …………………………………………………………………………….

Estimated number of total Employees ……………………………………..

Estimated number of Employees available during clinic ……………………………………..

Number of Consulting Room……………………………………..

Number of Nursing Station……………………………………..

Number of Wards……………………………………..

Number of Pharmacy ……………………………………..

Number of Pay points ……………………………………..

Total Number of Beds ……………………………………..

Category of Beds and Totals ……………………………………..

List Hospital Specialties

1.

2.

3

4

5

6

7

etc

Hospital has 24/7 Power supply (Yes / No)……………………………………..

Hospital has Central Backup power (Yes / No)……………………………………..

Hospital has Decentralized Backup power (Yes / No)……………………………………..

Type of Physical Building Structure

Bungalow Building………(Yes/No)

Multiple Floor/Storey Building ………(Yes/No) ...... Number of Risers:.........

Semi-Detached Building .......(Yes/No) ... Number of Buildings ........

Complex/Multiplex……………

Fully Detached Bungalows ....(Yes/No) No of Buildings ………..

Minimum distance between buildings …………………………………………………………………………

Maximum distance between buildings …………………………………………………………………………

Hospital has existing reliable Computer Network (Yes/No)

Network Infrastructure Media

Wired details

Wireless details

Hospital has existing reliable Information System (Yes / No)

Hospital has existing reliable Information System (Yes / No)

Hospital has a dedicated Data Center

Data Center Has Server Computers

Number of Server …………………………………………………………………………

Specification of Servers

Operating System Type ………………………………………………………………………………

Firewall/ Cyber security apparatus ………………………………………………………………………………

Name of Information System………………………………………………………………………………

Does Information System handle entire Hospital Information needs Yes / No

Computers are only present in specific units Yes / No

Kindly list units

Hospital has a Campus Wide internet Link Yes / No

Hospital Units use and maintain divers Internet Link

Kindly mention predominant internet links

Hospital has a viable IT department Yes / No

Number of Employees at ICT department / Unit

General rating of ICT Understanding amongst all Hospital Employees

Estimated Number of functional Computers belonging to the Hospital

Estimated number of laptops and other mobile devices

Estimated number of staff that own at least 1 computer

Hospital has a standard Health Information Department Yes / No

How many certified HIM Professionals are in the Unit

Health Information Department has a disease notification Unit Yes / No

Health Information Department has International Classification of Diseases Coding Manual

What is the version of the Coding Manuals ICD ……………….. PCS …………………..

Hospital has updated Disease analysis at real-time

What is the estimated daily cumulative of new patient visits

What is the estimated daily cumulative of old patient visits

Estimated number of patient registrations at most populated clinic daily

Estimated number of Patients registrations at least populated clinic daily

Cumulative number of prior registration within the last 1 year

**Special Notes and Observations**

General Perception / anticipation of success of implementation

Very High…………………..

Low …………………..

Very Low ……………………

Phobia to change ………………

Other predominant request from large number of employees

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Other Predominant request / comment from management or administrators

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Main Contact at facility**

Name……………………………………………………………………………….

Designation ………………………………………………………………………….

Phone …………………………………………………………………………………

Email ………………………………………………………………………………….

Signature……………………………………………………………………………….

Date……………………………………………………………………………………..

**Feasibility by**

Name……………………………………………………………………………………

Company……………………………………………………………………………….

Designation……………………………………………………………………………..

Phone…………………………………………………………………………………..

Email……………………………………………………………………………………

Signature……………………………………………………………………………….

Date……………………………………………………………………………………

Relevant pictures must be included