

Foxfire Report Request Form

Request Type:	Circle one	Detail	Summary	Cross-Tab	Labels
Request Name:	SQDO1STV				
Request Description:	Date of First Visit Using Quick Intake Records				

Data Items (List Data displayed in report):

Parent / Guard Name Combined
Client Name Combined
Client FID Number
Client Date of Birth (DOB)
Cert WIC Code
Client First Contact Date
Appt Date
Cert Date Actual

Filter Criteria (Limits data in report):

Client Clinic Number	Is	Like	(ask at runtime)
Client FID Number	Is	After	900000000000
Family In / Out-of-State Code	Is	Like	N
Client First Contact Date	Is	On or After	(ask at runtime)
<input checked="" type="checkbox"/> (X) Omit Duplicates			

Sort/Group (Sets order of data in report):

Parent / Guard Name Last
Parent / Guard Name First
Client Name Last
Client Name First

Output Details	Destination of report	Circle one	Printer	Screen	File
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Layout Options of Report:

Suppress repeat values	Number of columns
Number of Lines per Detail (single/double spacing)	Number of lines
Number of Spaces between columns	Number of spaces

Updated 10/01/2012