

Foxfire Report Request Form

Request Type:	Circle one	<input checked="" type="radio"/> Detail	<input type="radio"/> Summary	<input type="radio"/> Cross-Tab	<input type="radio"/> Labels
Request Name:	SRPREMIE				
Request Description:	Premature Infants with a Low Birth Weight				

Data Items (List Data displayed in report):

Parent / Guard Name Combined
Client Name Combined
Client CID Number
Risk Code
Client Date of Birth (DOB)
Client Sex
Client Ethnicity
Infant Birth Wt lbs
Infant Birth WT oz
Infant Gestation Weeks
Phone Number

Filter Criteria (Limits data in report):

Client Clinic Number	Is	Like	ask at runtime
Client Date of Birth (DOB)	Is	On or After	ask at runtime
Infant Birth Wt lbs	Is	Between	0,5
OR			
Client Clinic Number	Is	Like	ask at runtime
Client Date of Birth (DOB)	Is	On or After	ask at runtime
Infant Gestation Weeks	Is	Between	1,37
<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