

# Autism Clinic Software – Client Sign-Up Form

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Organization Name \_\_\_\_\_  
Organization Contact \_\_\_\_\_  
Contact Phone \_\_\_\_\_  
Contact Email \_\_\_\_\_  
Date \_\_\_\_\_

The information gathered in this sign-up form will be used to better understand your systems requirements.

Please complete this questionnaire and return to Autism Clinic Software Team.

## 1. General Information

- Legal Name :
- Your Name:

## 2. Owners

- Who are the owners of the clinic? List each owner.
- For each owner, please indicate whether they have a Macintosh or Windows PC.

## 3. Front Desk/Administrative Staff/Schedulers

- Who is responsible for managing the day-to-day administration and scheduling in your clinic? List each employee.
- For each staff member, please indicate whether they have a Macintosh or Windows PC.

## 3. Supervisors/ Account Managers

- List each supervisor in your clinic responsible for managing individual client accounts.
- For each supervisor, please indicate whether they have a Macintosh or Windows PC.

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### **4. Human Resources**

- Who is responsible for managing the human resources department in your clinic? List each staff member.
- For each staff member, please indicate whether they have a Macintosh or Windows PC.

### **5. Accounting (Payroll and Billing)**

- Who is responsible for approving employee timesheets in your clinic? List each person.
- Who is responsible for managing billing activities in your clinic? List each person.
- For each payroll and billing staff member, please indicate whether they have a Macintosh or Windows PC.

### **6. IT Support**

- Who is responsible for providing IT support in your clinic/ List each person.
- For each IT support staff member, please indicate whether they have a Macintosh or Windows PC.