

# CIWS Customer Lead Qualification Form

## Customer Information

Practice Name	
Address	
City, State, Zip	
Contact Name	
Contact Phone	
Contact Email	
Type & Specialty of Practice (i.e. CHC, Internal Med)	
GPO Affiliation	

## Project Background

New Construct, Expand or Renov?	
Is there a Facility Planner?	
Name & contact info of planner	
Key decision maker in purchase	
Budget for Medical Equipment	
Time Frame	
Start of construction	
Equipment purchase decision date	
Facility opening date	

## Facility/Equipment Information

# of new rooms	
# of rooms with Wall Systems	
Estimated size of exam rooms	
Workflow, where are Vital Signs captured (i.e. triage, exam room)	
Est'd # of Vital Signs Devices	
Type of Vital Signs-manual, digital	
Wall mounted or mobile Vital Signs	

## IT Information

Do they currently have an EMR	
Name & Version # of the EMR	
Do they have IT support	
IT Support – In-house or Outsource	
Desktop or mobile PC into EMR	
Thin or Thick Client	
<i>Importance of connecting Vital Signs devices to electronically transfer test results. 1-5; 1 being not important, 5 being very important</i>	

## Other WA Products in Project

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## Comments

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