***RiO Clinic / Group Request Template***

Please complete the required fields for Clinic/Group set up in Rio and send to [ElectronicSystems.help@elft.nhs.uk](mailto:ElectronicSystems.help@elft.nhs.uk)

If you are requesting for more than 3 setups, then please copy and paste the grid.

**Clinic/Group 1**

|  |  |
| --- | --- |
| **Clinic /Group Name** | CDS ASD Physical Examination Clinic |
| **Locality** | **Lord Lister Health Centre** |
| **Team** | **Child Development Service** |
| **Location** | **Lord Lister Health Centre** |
| **Start date** | **31/03/2022** |
| **Day(s) of Clinic** | **Mon-Tues-Wed-Thurs-Fri** |
| **Frequency of clinic**  **(e.g  weekly)** | Daily |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Stream(s)** | **Start time** | **End time** | **Appt length** | **Appt type** | **HCPs** |
| 1 | 09.00 | 18.00 | 45/90 MINUTES | Same as current clinics | Same as current clinics |
| 2 | 09.00 | 18.00 | 45/90 MINUTES | Same as current clinics | Same as current clinics |
| 3 | 09.00 | 18.00 | 45/90 MINUTES | Same as current clinics | Same as current clinics |
| 4 | 09.00 | 18.00 | 45/90 MINUTES | Same as current clinics | Same as current clinics |

|  |  |
| --- | --- |
| **User Access**  (Full names of users who will be viewing & booking  appointments via Clinic Appointments menu) | Maria Adebiyi, Imrana Begum, Zeenat Gareeboo, Mark Bertie, Tina Dredge, Margaret Macqueen, Maria Bautista, Mohima Karim, Cecelia Perez, louisa zubary, Mohammed [Rahman55@nhs.net](mailto:Rahman55@nhs.net), Joyce Adenekan. |

**Automated text reminders**

If the clinic requires automated text reminders, please indicate with a Y below and enter the address and cancelation number in the “Reminder message part 2” section. An example has been provided in red. The Reminder message part 2 should contain the clinic cancellation phone number and the appointment location and/or service name. The entire message should amount to 160 characters (this includes spaces).

|  |  |  |
| --- | --- | --- |
| **Requires iPlato (Y/N)** | **Reminder message part 1 [standard not customisable]** | **Reminder message part 2 [customisable per RiO clinic]** |
| *Yes* | You have an appointment DD/MM/YY 00:00, for your child. Your appointment will be Face to Face, Children Services 0208 586 6250/51 |  |
|  |  |  |