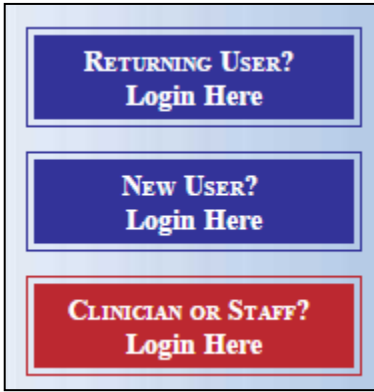


Parents/caregivers create an account to complete questionnaires that have been selected by their physician based on the child's age and reason for the visit. A questionnaire from parents/caregivers provides clinicians with valuable information to diagnose and manage health or developmental/behavioral concerns.

New User Login

1. Visit www.chadis.com and click on **New User? Login Here**.

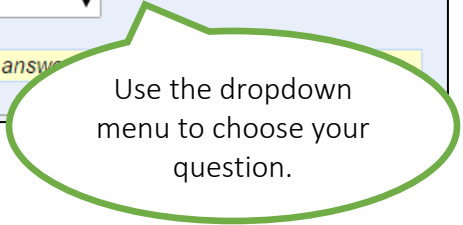


2. Enter the Invitation Code. This code will be provided to you by your pediatrician's office. It links your account to your pediatrician.
3. Complete the registration process by entering your email address and name. Create a password and secret question.

Register Yourself

Please enter the invitation code you received from your doctor as well as the following information **about yourself**.

Invitation Code	<input type="text" value="mywholechild"/>	
Email Address	<input type="text" value="lmunster@fakeemail.com"/>	<i>Optional: Why do we ask for your email address?</i>
Your First Name	<input type="text" value="Lily"/>	
Your Last Name	<input type="text" value="Munster"/>	
Create Password	<input type="password" value="....."/>	<i>Passwords must contain 8 or more letters and numbers. For example, mySecret01.</i>
Re-enter Password	<input type="password" value="....."/>	
	Show Password <input type="checkbox"/>	
Secret Question	<input type="text" value="What was the name of your first pet?"/>	
Question Answer	<input type="text" value="fluffy"/>	<i>Your answer</i>



Your email address is optional.

Email Address

We ask for your email address for two reasons:

1. To have your email address in order to send notifications to you. We will *not* sell your email address or use it for anything other than important CHADIS-related messages.
2. To use as your username. Email addresses are usually only owned by one person, and so they make ideal usernames.

Please see our [privacy statement](#) for more information.

Your e-Mail address is not required. If you leave this field blank, we will automatically generate a username for you.

4. Please read and agree to the CHADIS License Agreement and click **Register**.

Please read the license agreement by scrolling through it. When done, you will be given the option to select 'I Agree' below.

CHADIS License Agreement

Much of the information you include in a Memory Book account will become visible to other people. This is true for information that might otherwise be confidential, like personal health information. If you use the Memory Book service, it means that you understand and agree that any or all of your content and information could be disclosed to other persons. If you want to keep information confidential, do not include it in a Memory Book.

Total Child Health is not responsible for any of the content or information in your Memory Book account. You assume, and Total Child Health disclaims, all risk and liability relating to your content and information.

Anyone, including you, who submits an image or other content to a Memory Book account must own or have permission to use that image or content. You may not upload or offer any image or other content that violates any law or regulation, is abusive, defamatory, violates anyone's rights of privacy, publicity or copyright, or is otherwise unacceptable in Total Child Health's sole discretion. Because Total Child Health is committed to protecting the copyrights of photographers, authors and others, images viewed through the Memory Book services may not be accessible in full-resolution versions.

Total Child Health reserves the right, in its sole discretion, to edit, delete, move or suspend, at any time, access to any content or image in a Memory Book account, without notice to you. If you believe your copyright is being violated, you should contact us at support@chadis.com

I Agree



- 5. Select your relationship to the child by choosing from the multiple options in the dropdown box.
- 6. Enter your child's information and click **Next**.

New Child

Please enter the following information **about you**.

Your Relationship to this Child

Please enter the following information **about the child**.

Doctor's Office
Not seeing the office you expected? You can [enter an invitation code](#) for another office.

Patient's First Name

Patient's Middle Name

Patient's Last Name

Gender Male Female

Primary Phone Number *Please use '+' for international dialing prefixes.*

Patient's Birth Date *(please use this format for your date: M/d/yy)*

Was this child one of multiple children born on this same day (such as twins, triplets, etc.?) Yes No Don't Know

Premature Birth Yes No I Don't know

- 7. Your CHADIS homepage will show your child's information. Click **Go** under "Take Questionnaires" to begin the questionnaires.

Take Questionnaires

- This is to provide important information to the professional.

Take questionnaires

8. Please select the reason for your child’s visit by clicking on the appropriate link.

Reason for using CHADIS

Why are you using CHADIS today for Eddie?

- [Well Child Visit - Developmental Assessment](#)
- [Asthma Management Assessment](#)
- [ADHD Assessment](#)
- [Autism Screening](#)
- [Anxiety/Depression Assessment](#)
- [Teen Assessment](#)

« Previous Cancel

9. You will then be presented with questionnaires relevant to your child’s age. Click **Begin** to start a questionnaire. If a questionnaire is multiple pages, click continue to view the next page. When you have completed the questionnaire, click “**Send it. I’m done**” to have your results sent to Dr. Mehrotra.

****If you do not have time to complete a questionnaire, you may save your answer by clicking Save at the bottom of the page, and you can return to CHADIS at another time to continue the questionnaire.****

		Status	Questionnaire
Begin	Preview	New	Visit Priorities
Begin	Preview	New	Pediatric Symptom Checklist for Parents
Begin	Preview	New	Ages & Stages Questionnaires®, Third Edition (ASQ-3™): 60 months
Begin	Preview	New	Health Risk
Begin	Preview	New	Safety

[Continue »](#) [Save](#) [Quit](#)

Almost Done!

Visit Priorities

You have answered all of the questions in the questionnaire. What do you want to do?

- Please send the results to the healthcare provider.
- I would like to review my answers before sending.

[Send it. I'm Done!](#)