



*****REQUIRED*****



Please complete the required online questionnaires prior to your visit at the Child Psychiatry Clinic.

Dear Parent or Guardian - Please be aware that arriving to your Zoom video appointment without completing these assigned questionnaires may result in your appointment being rescheduled. Our providers rely on these questionnaires to help determine your child's diagnosis. If you cannot complete the questionnaires prior to the scheduled appointment, please contact our office at 314-286-1700, option 2 to reschedule the appointment.

Steps for completing your child's online questionnaires:

STEP ONE: Register Yourself as the Caregiver

For New Users - Registering your account

1. Visit www.chadis.com
2. Click on 'Register' in upper right hand corner
3. New users, click "No, I have never used CHADIS before".
4. Enter the Invitation Code: **3142861700**
5. Continue with the registration page by entering the requested personal information about YOURSELF, as the caregiver.
 - a. Please read and agree to the **Terms of Use** by clicking the box to the left.
 - b. Click 'Register'
 - c. Click 'Continue'

For Existing Users – Log In

1. Log In with existing username and email; if you need a password reset, please call our office at 314-286-1700
2. Under Other Options box, select 'Changed or moved to a new doctor's office?'
3. Select the appropriate patient from the dropdown
4. Enter the Invitation Code: **childpsych**
5. Click 'Next' (if you are asked, leave 'Remove from Office' un-checked to remain linked to prior office/account)
6. Click 'Continue'
7. Skip Step 2 below (registering a patient); continuing with Step 3 below (**choose a doctor/provider**)

STEP TWO: Register the Patient

1. Choose your relation to the patient.
2. Enter the requested information about your child & click 'Next'.
3. You will be brought to your child's page. Under "Questionnaires for [Pt's name]"
4. Click on the **GO** box next to "Take questionnaires".

STEP THREE: Choose a Doctor/Provider

1. Please **select the provider** from the list provided that you will be seeing at your appointment.
 - a. If you don't see your doctor listed, choose the bottom option: "I'm not sure which doctor I'm seeing, but the visit is definitely at Washington University Child Psychiatry Clinic."
2. **Select your doctor/provider** again on the next screen - 'Reason for using CHADIS'
3. Please be sure to click "Submit" after the completion of EACH individual questionnaire to ensure your progress is saved.
4. Teachers and other caregivers are invited to fill out the respective teacher/caregiver measures within CHADIS. Detailed instructions on how to invite others are located below.

***Please also complete any additional paperwork that is enclosed in this packet of information, and make sure the scheduling team has a copy of your insurance cards. Thank You.**

Child Psychiatry Clinic for Infants, Children, Adolescents & Families.

4444 Forest Park Avenue, Suite 2600 St. Louis, MO 63108

PH# (314)-286-1700 Fax# (314) 286-1730 wuchild@psychiatry.wustl.edu

Have you ever used CHADIS before?

No, I have never used CHADIS before

Step 1 of 2: Register Yourself

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

Invitation Code

Your doctor's office should have given you an invitation code to use in order to get into CHADIS. If you do not know your invitation code

Have you ever used CHADIS before?

Yes, I have used CHADIS before

Patient Information

Go Edit Patient Information

Go Changed or moved to a new doctor's office?

Go View/Edit Teachers Associated with Test Kid 4

Step 2 of 2: Register the Patient

Please enter the following information about you.

is the of this new patient.

Please enter the following information about the patient.

Doctor's Office Washington University Child Psychiatry Clinic.
Not seeing the office you expected? You can enter

Patient's First Name

Choose a Doctor/Provider

Please click on Test Kid 4's doctor. The doctors from Test Kid 4

Washington University Child Psychiatry Clinic

Reason for using CHADIS

Test

age: 4 years 11 months

Questionnaires for Test

Go Take questionnaires

Questionnaires for Test

This is to provide important information to the professional.

The questionnaires below have been selected by your doctor for your child/patient.

After the questionnaires have been taken, the results are available to your doctor immediately.

Please press "Begin" to start any questionnaire. NOTE: You must hit SEND at the end of each c

WU Combined General Health Plus Patient Health

Assigned on July 19, 2020 by Max Rosen

New

Begin Preview

Why Invite a Teacher to Complete CHADIS Questionnaires?

If your child has any issues that affect learning or behavior, getting information from teachers about his or her progress can make a big difference in the care the doctor provides. Teachers may require your permission to provide information. You can give this permission within the CHADIS portal. Parents/caregivers may create an invitation code to invite educators to take a CHADIS questionnaire. A questionnaire from teachers provides clinicians with valuable information to diagnose and manage health or developmental/behavioral concerns. **Questionnaires to be sent to teachers or other educators will be clearly marked within your assigned measures.**

1. Log into CHADIS with your username and password.
2. Select the appropriate child
3. Under **Invite Others** to Take Questionnaires, click on Go next to **Invite another Person to do CHADIS**.



Reese, Johnny
age: 5 years 6 months - tel: 1234567890

Take Questionnaires - This is to provide important information to the professional.

[Go](#) Take questionnaires

Invite Others to Take Questionnaires

[Go](#) Invite another Person to do CHADIS [why?]
[Go](#) View Previous Invitations

4. Complete the Email or Text Notification form and click **Create Invitation**. An email will be sent inviting the teacher to register.



Create Invitation to take questionnaires or give permission to share information with Joseph Reese

Relationship Self (I am the patient)

Email Notification (optional)

Send email ☐

Recipient Name

Email address

Extra Text

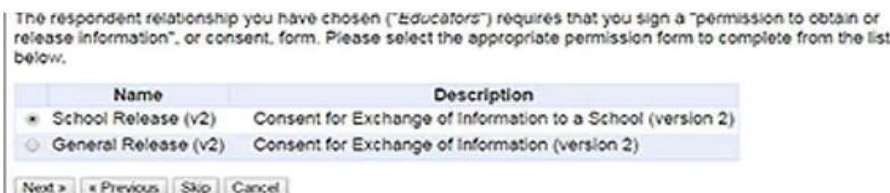
Text Message Notification (optional)

Send text ☐

Mobile Phone Number

[Create Invitation](#) [Cancel](#)

5. **Completing the Email Notification and Text Message Notification is optional.** If you do not have the teacher's email address or cell phone number, you will still be able to provide the teacher with the required information. Leave the Email and Text Notification section blank. **Click Create Invitation.**
6. If a teacher is invited to complete questionnaires, CHADIS prompts the user to create a viewable and printable consent form for the teacher.
7. You may click **Next** or **Skip** (if you don't need to complete a consent form). *This consent form may be required by school districts before teachers may participate. This process documents caregiver consent.*



The respondent relationship you have chosen ("Educators") requires that you sign a "permission to obtain or release information", or consent, form. Please select the appropriate permission form to complete from the list below.

Name	Description
<input checked="" type="radio"/> School Release (v2)	Consent for Exchange of Information to a School (version 2)
<input type="radio"/> General Release (v2)	Consent for Exchange of Information (version 2)

[Next >](#) [< Previous](#) [Skip](#) [Cancel](#)

8. After printing the page, click **Continue** and you will be taken back to your child's CHADIS Detail page.
9. You may log out or Take Questionnaires if needed.
10. The teacher will log into CHADIS and click on Register. He or she will enter the specific invitation code and complete the registration process. Once logged in, appropriate questionnaires will be available.



CHADIS Invitation Card

CHADIS is an online system that uses questionnaires to help you communicate with your doctor about your child.

Child: Joseph Reese
Invitation: eworingedisofae
Expires: January 20, 2016 5:59 PM EST

Website: <http://www.chadis.com/>
Help: 1-888-4-CHADIS (1-888-424-2347) ext 1
Help: support@chadis.com

[Print](#) [Continue >](#)