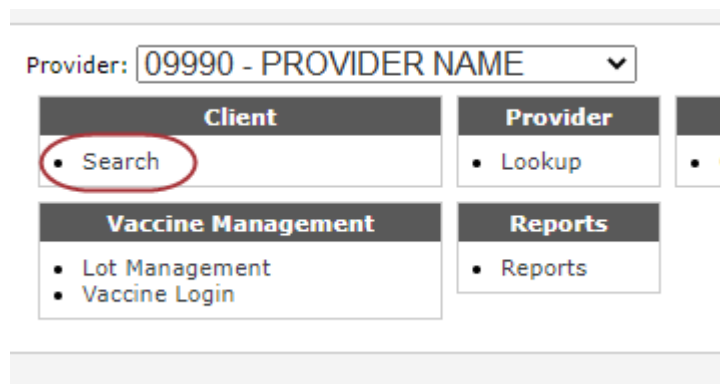


North Dakota Immunization Information System: Creating a New Client

1.) Login to NDIIS

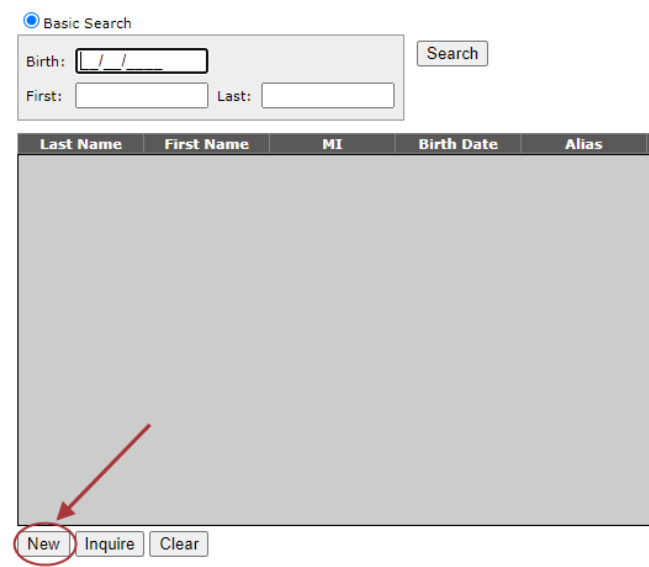
2.) To access the client lookup page, click the **Search** hyperlink in the Client box.



Provider: 09990 - PROVIDER NAME

Client	Provider	
<ul style="list-style-type: none">Search	<ul style="list-style-type: none">Lookup	<ul style="list-style-type: none">C
Vaccine Management	Reports	
<ul style="list-style-type: none">Lot ManagementVaccine Login	<ul style="list-style-type: none">Reports	

3.) On the Basic Search page, click the **New** hyperlink



Basic Search

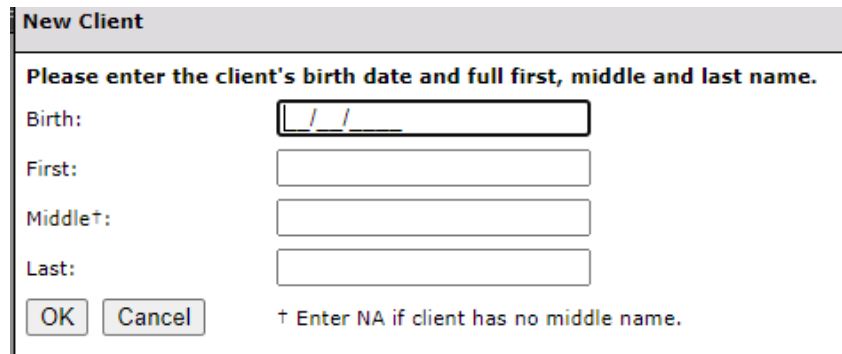
Birth: / / Search

First: Last:

Last Name	First Name	MI	Birth Date	Alias
-----------	------------	----	------------	-------

[New](#) [Inquire](#) [Clear](#)

4.) A new window will appear to type in client's birth date and full first, middle, and last name.



New Client

Please enter the client's birth date and full first, middle and last name.

Birth:

First:

Middle:

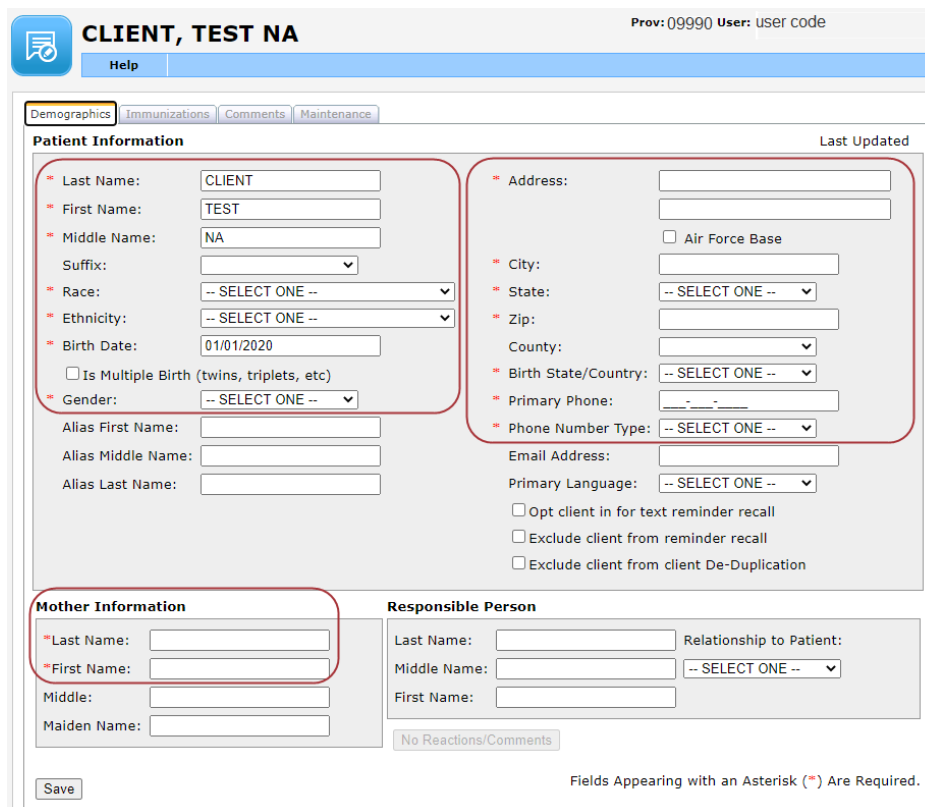
Last:

† Enter NA if client has no middle name.

5.) Click **OK**

6.) A new window will appear on the Client's Demographics page. All required fields will be marked by an asterisk(*).

- If a child is under 18, Mother's Information will be required to be entered.



CLIENT, TEST NA Prov: 09990 User: user code

Help

Demographics | Immunizations | Comments | Maintenance

Patient Information Last Updated

* Last Name: CLIENT

* First Name: TEST

* Middle Name: NA

Suffix:

* Race: -- SELECT ONE --

* Ethnicity: -- SELECT ONE --

* Birth Date: 01/01/2020

Is Multiple Birth (twins, triplets, etc)

* Gender: -- SELECT ONE --

Alias First Name:

Alias Middle Name:

Alias Last Name:

* Address:

Air Force Base

* City:

* State: -- SELECT ONE --

* Zip:

County:

* Birth State/Country: -- SELECT ONE --

* Primary Phone:

* Phone Number Type: -- SELECT ONE --

Email Address:

Primary Language: -- SELECT ONE --

Opt client in for text reminder recall

Exclude client from reminder recall

Exclude client from client De-Duplication

Mother Information

* Last Name:

* First Name:

Middle:

Maiden Name:

Responsible Person

Last Name: Relationship to Patient: -- SELECT ONE --

Middle Name:

First Name:

No Reactions/Comments

Fields Appearing with an Asterisk (*) Are Required.

7.) Once all information has been entered, click **Save**