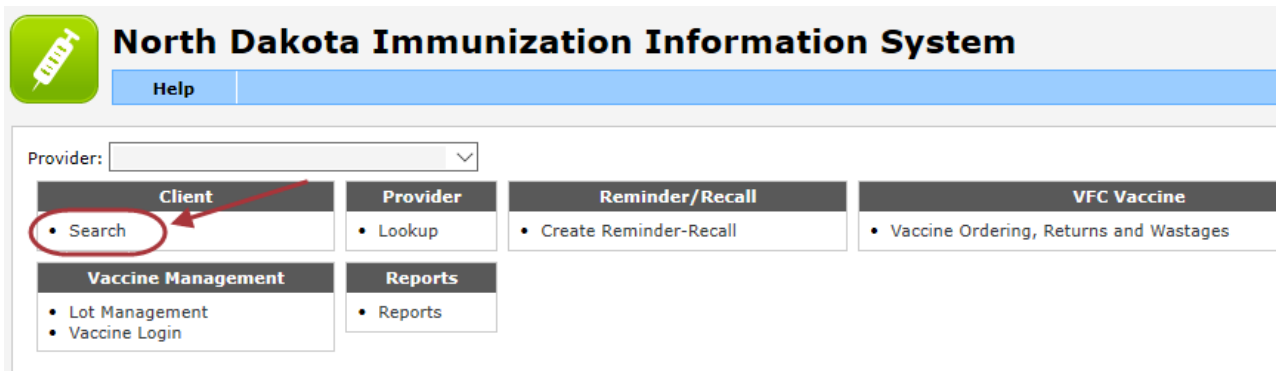


## North Dakota Immunization Information System: Looking Up an Immunization Record

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



**North Dakota Immunization Information System**

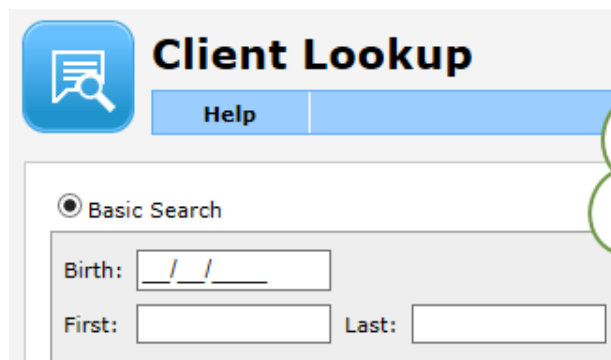
Help

Provider:

<b>Client</b>	<b>Provider</b>	<b>Reminder/Recall</b>	<b>VFC Vaccine</b>
<ul style="list-style-type: none"> <li>• <b>Search</b></li> </ul>	<ul style="list-style-type: none"> <li>• Lookup</li> </ul>	<ul style="list-style-type: none"> <li>• Create Reminder-Recall</li> </ul>	<ul style="list-style-type: none"> <li>• Vaccine Ordering, Returns and Wastages</li> </ul>
<b>Vaccine Management</b>	<b>Reports</b>		
<ul style="list-style-type: none"> <li>• Lot Management</li> <li>• Vaccine Login</li> </ul>	<ul style="list-style-type: none"> <li>• Reports</li> </ul>		

2.) To search for a client's record:

- Enter search criteria in the basic search fields by clicking in the free-text box and typing in the correct information
  - Can also use keyboard and *tab* through each field
- Click **Search**
  - Can also hit *Enter* on the keyboard to start search



**Client Lookup**

Help

Basic Search

Birth:

First:  Last:

The easiest way to search for a patient is by using their birthdate and the first letter of their first name

- 3.) The registry will return a list of up to 100 possible matches.
- 4.) To view a record from the list of possible matches:
  - Highlight the correct person from the list and click **Inquire**, or
  - Double-click the correct name from the list.
- 5.) The system will open the record on the **Demographics** tab
  - All required fields will be marked by an asterisk (\*) and must be filled in before new information can be saved.
  - Be sure to verify the client demographics at every visit.

<b>Demographics</b>	Immunizations	Comments	Maintenance
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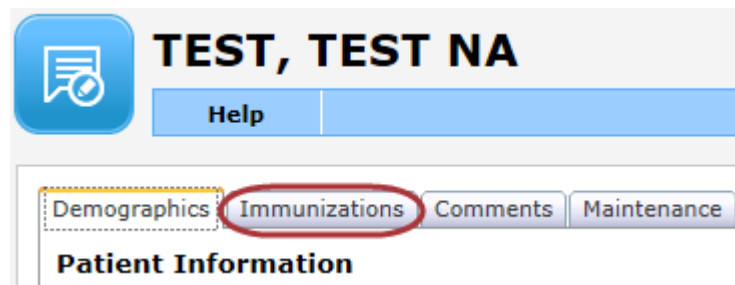
**Patient Information** Last Updated 10/19/2012

<p>* Last Name: <input type="text" value="TEST"/></p> <p>* First Name: <input type="text" value="PATIENT"/></p> <p>* Middle Name: <input type="text" value="NA"/></p> <p>Suffix: <input type="text"/></p> <p>* Race: <input type="text" value="UNKNOWN"/></p> <p>* Ethnicity: <input type="text" value="UNKNOWN"/></p> <p>* Birth Date: <input type="text" value="10/10/1977"/></p> <p><input type="checkbox"/> Is Multiple Birth (twins, triplets, etc)</p> <p>* Gender: <input type="text" value="-- SELECT ONE --"/></p> <p>Alias First Name: <input type="text"/></p> <p>Alias Middle Name: <input type="text"/></p> <p>Alias Last Name: <input type="text"/></p>	<p>* Address: <input type="text" value="TEST ADDRESS BROADWAY WALK"/></p> <p><input type="text" value="PO BOX 56789978"/></p> <p><input type="checkbox"/> Air Force Base</p> <p>* City: <input type="text" value="GRAND FORKS"/></p> <p>* State: <input type="text" value="NORTH DAKOTA"/></p> <p>* Zip: <input type="text" value="58201"/></p> <p>County: <input type="text" value="GRAND FORKS"/></p> <p>* Birth State/Country: <input type="text" value="UNKNOWN"/></p> <p>* Primary Phone: <input type="text" value="701-780-5845"/></p> <p>* Phone Number Type: <input type="text" value="-- SELECT ONE --"/></p> <p>Email Address: <input type="text"/></p> <p>Primary Language: <input type="text" value="-- SELECT ONE --"/></p> <p><input type="checkbox"/> Exclude client from reminder recall</p> <p><input type="checkbox"/> Exclude client from client De-Duplication</p>
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<p><b>Mother Information</b></p> <p>Last Name: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Middle: <input type="text"/></p> <p>Maiden Name: <input type="text"/></p>	<p><b>Responsible Person</b></p> <p>Last Name: <input type="text"/> Relationship to Patient: <input type="text"/></p> <p>Middle Name: <input type="text"/> <input type="text" value="-- SELECT ONE --"/></p> <p>First Name: <input type="text"/></p>
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Fields Appearing with an Asterisk (\*) Are Required.

6.) To access the patient's immunization record, click on the **Immunizations** tab.



7.) The **Immunization** tab contains all of the client's immunization information including:

- Dose date (date vaccine was administered)
- Provider who administered vaccine
- Lot number of vaccine administered
- Reaction – if the patient had any type of reaction to that dose of vaccine
- VFC eligibility status
- Vaccine name
- Historical – if this dose was administered, or entered from another record as part of the patient's historical vaccinations
- Valid dose – was the dose valid according to ACIP recommendations

Dose Date	Provider	Lot	Reaction	VFC	Vaccine	Historical	Valid
10/05/2011	0000 - TEST PROVIDER	PCV13	None	MEDICAID	PCV13 (pneumococcal)	No	Yes