

New Patients

Objective: At the completion of this section, the learner will know the:

- process to add a new patient

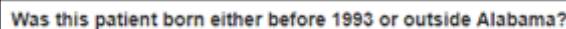
Special Note: Be sure to conduct three consecutive searches, using three different sets of search criteria (combinations of fields) before adding a patient.

If your patient search does not yield any results or if you do not find the correct patient, you may be able to add patients to the database depending on your access level. **Do not add patients to the registry unless the patient was born outside of Alabama, before 1993, or directed by ADPH staff.**

Click “Add New Patient”.

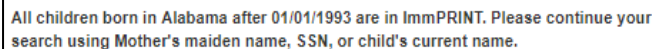


A message box will appear.

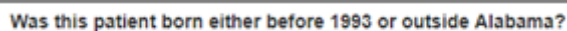


If the patient does not fit these criteria, select “No”, and the following message box

will appear.



Select “Ok”, and continue conducting a patient search using different search criteria. You will need to use at least two search criteria to conduct a search. However, if your patient was born in Alabama and after 1993, select “Yes” to this message box.



. A blank patient details page will appear.

Begin adding the new patient’s demographics. Fields marked with an * are required. Once all applicable patient data fields are completed accurately, select “Save”.



Alabama Department of Public Health

Immunization Division, 201 Monroe St, Montgomery, AL 36104

1-800-469-4599 www.alabamapublichealth.gov/immunization/index.html 11/17/17

Patient Details

Save Cancel

Current Last Name * First Name * Middle Name Suffix <--Select-->

A.K.A. Last Name A.K.A. First Name

Gender * <--Select--> DOB * SSN Medicaid #

Chart # VFC Eligibility <--Select-->

Ethnicity * Hispanic or Latino None Specified Not Hispanic or Latino

Race * White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or other Pacific Islander Unknown Other

Mother's Last Name * Mother's Maiden (Last) Mother's First *

Mother's Middle Mother's DOB

Father's Last Name * Father's First * Father's Middle Father's DOB

Relationship to patient <--Select--> Legal Guardian's Last Name Legal Guardian's First Name Legal Guardian's Middle Name

Patient Address * City * County <--Select--> State AL <--Select--> Zip

Daytime Phone Ext Evening Phone

Clear Address



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