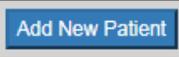# New Patients

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

- process to add a new 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 or before 1993. Additionally, you should only add patients after you have made multiple attempts using different search parameters**. If not true, select "No", and the following message box

> All children born in Alabama after 01/01/1993 are in ImmPRINT. Please continue your search using Mother's maiden name, SSN, or child's current name.

will appear.

Select "Ok", and continue conducting a patient search with more or less patient details. You will need to use at least two search criteria to conduct a search. However, if your search did not yield the correct patient, select Add New Patient.

A message box will appear. Was this patient born either before 1993 or outside Alabama? . If true, select "Yes" and proceed to adding the new patient's demographics. Fields marked with an * are required. Once all applicable patient data fields are completed accurately, select "Save".

Patient Details

Save Cancel

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

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

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

Chart #   VFC Eligibility
                 <--Select-->   ▼

Ethnicity *   Race *
○ Hispanic or Latino   ☐ White
○ None Specified   ☐ Black or African American
○ Not Hispanic or Latino   ☐ 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   Legal Guardian's Last Name   Legal Guardian's First Name   Legal Guardian's Middle Name
<--Select-->   ▼

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

Daytime Phone   Ext   Evening Phone

Clear Address