

New Patients

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

- process to add a new patient

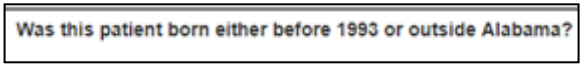
Special Note: Be sure to conduct three consecutive searches, using three different sets of search criteria (combinations of fields) before adding a patient.

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”.

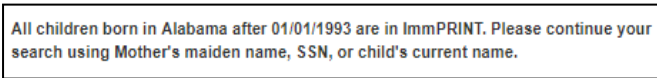
A blue rectangular button with the text "Add New Patient" in white.

A message box will appear.

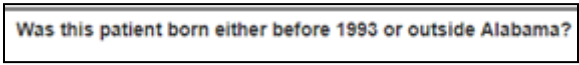
A rectangular message box with a thin border containing the text "Was this patient born either before 1993 or outside Alabama?".

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

will appear.

A rectangular message box with a thin border containing the text "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."

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 rectangular message box with a thin border containing the text "Was this patient born either before 1993 or outside Alabama?".

. 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 06-13-25

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 *
<input type="radio"/> Hispanic or Latino <input type="radio"/> None Specified <input type="radio"/> Not Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> 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
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	Zip
Daytime Phone	Ext	Evening Phone		
Clear Address				

