## **Immunization Records**

07/24/2024 6:10 pm EDT

You can document your immunizations in DrChrono as well as store the consent forms signed by the patient or their guardians.

1. Navigate to the patient's chart by going to **Patients** > **Patient List** or by using the **Search** field.

Sc	hedu	ıle	Cli	nical	Patients Reports	Billin	g Accou	nt Help	ŧ x								Search	
			Y		PATIENT				1					-				
0	Ju	I	~	2020	Patient List	oday	C Refresh	Print Appts			••	Jul 19 2020 - Jul 25	••			Daily	Exam Rooms	Doctor
Su	Мо	Tu	We	Th	Consent Forms	Sun 7.	/19 🗙	Mon 7/20	×	Tue 7/21	×	Wed 7/22	×	Thu 7/23	×		Fri 7/24 រ	< Sat
					Patient Flags													
28	29	30	1	2	Patient Groups	-												
5	6	7	8	9	- Send Email													
12	13	14	15	16	. Send Referral													

## 2. Click on the Immunizations tab.

	+ Add new patient		Important Demographics Insura	ances Authorizations Smokin	g Status Flags Balance onpatient Payments
	Demographics		✓ Sufficient patient demographics to	bill insurance. 🎽 Auto Accident	I Restational Diabetes Must lay down for blood draw
	Appointments		Important Information		
	Clinical Dashboard		Primary Provider	Brendan Wilberton 🗸	
	Documents		Status	Active	
	Eligibility		Title	Mrs	e.g. Mr, Mrs, Ms
	Tasks	0	First Name	Jenny	
	Problem List	0	Nick Name	Jen	
	Medication List	6	Last Name	Harris	
	Send eRx		Previous/Birth Name		
	ergy List	0	Suffix		e.g. I, II, III, IV, Jr, Sr
Immunizations	ug Interactions	6	Patient Chart Photo	Currently: patient_photos/5d18eb8	c-5a01-4421-ac6f-66ebc42b124d.jpg Clear
	CQMs		Current Photo:	Change: Choose File No file choo	sen will be attached to patient's chart on iPad EMH.
· · · · · · · · · · · · · · · · · · ·	Intake Data				
	Lab Orders				
	Immunizations			1-m	
	Growth Charts				
	onpatient Access				
	Education Resources			March K	

3. You'll see a list of ages with drop-down boxes next to the age. Select the vaccine you wish to administer from the drop-down box and click **Select Vaccine**.

Step 1: Select Vacc	sines Step 2: Review an	d Sign Step 3: Record Vaccinations					
Step 1. Selec	t Vaccines						
Birth - 2 years	2 - 18 years Adult	Other				Show Inactive	Show Latest Records
Schedule	Vaccine	Cvx Code	Consent Form	VIS	Administered On	Administered By	Status
18 Years	VARICELLA	<b>~</b>					Refuse
18 Years	HPV	<b>~</b>					Refuse
18 Years	ZOSTER	~					Refuse
18 Years	MMR	MMRV ~					Refuse
18 Years	PneumoPCV	~					Refuse
18 Years	MENING	~					Refuse
18 Years	НерА	<b></b>					Refuse
18 Years	НерВ	<b>`</b>					Refuse
18 Years	HIB	<b>`</b>					Refuse
18 Years	ZOSTER	~					Refuse
18 Years	MeningB	~					Refuse
							Select Vaccines

4. The next tab will show the consent forms that your patient or their guardian may sign. Click the blue **Sign Consent Form** to have the forms signed, you could also upload a consent form from your computer, or click skip.

Immunizations				Jump to
Step 1: Select Vaccines Step 2: Review and Sign Step 3: Record Vaccinations				
Vaccine Information Statements				
Please distribute the Vaccine Information Statement (VIS) for each of the following vaccines and have the patient/legal guardinated and the patient of the following vaccines and have the patient of the patient of the following vaccines and have the patient of the patient of the following vaccines and have the patient of the patient of the following vaccines and have the patient of the patient of the patient of the following vaccines and have the patient of the patien	ardian(s) review the	im:		
Information Statements				
MMRV Vaccine VIS MMRV				0
			Skip Sign Consent Form Upload Conser	it Form
	Skip	Sign Consent Form	Upload Consent Form	

5. The patient/guardian can either sign by drawing or type in their name. Once they're done, click the blue **I consent** button.

## Patient Vaccination Consent & Signature

My signature below signifies that I have read and received information about the diseases and vaccines listed below. I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed below be given to me or to the person named for whom I am authorized to make this request.

<ul> <li>MMRV</li> </ul>					
Print name					
Jenny Harris		]			
Type Signature	Draw Signatu	ure			
Jenny t	Harris	5			
I have read the va statement and acl	ccine informat knowledging ti	tion statements a hat this is my sig	nd agree to nature ente	the all red in f	bove this form.
			C	lose	I Consent

6. This will lead you to the third tab, **Record Vaccinations**. Fill out the information and click the blue **Save** button when you're finished.

Create a Record For:				
MMRV Y Curr	rently recording 1 of 2 vaccination r	ecords		
Current Status			Lot Info	
Vaccination Status:	~		Lot number:	
Ordered By:			Lot expiration date:	
Administering Provider:	v		Administered amount:	
Entering Organization:			Administered units:	 •
Entered By:			Vaccine route:	~
Administered on:	02/22/2024 17:29		Vaccine site:	 •
Record Type:			Vaccine inventory lot:	 • 6
			Funding Source:	 ~
CVX Code			Funding Eligibility:	 - -
CVX Code:	94		Priority Group:	 ~
Name:	MMRV		Observed Immunity:	
NDC:		0	Commente/Notes:	
CPT Code:			coninentariotes.	
Manufacturer:	+			 4

7. You will see a record-created message. The immunization can now be seen in the first tab with the information you filled out. You can make edits by clicking the **Edit** button or remove the record by clicking on the **Remove** button.

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Step 1:	Select Vaccines	Step 2: Review and Sign	Step 3: Record	Vaccinations			
Crea	te Vaccine R	ecords					
Conse	nt form:	~					
Reco	ord created for 94	MMRV					
Step 1: Select Va	S Step 2: Review and Sign	Step 3: Record Vaccinations					Jump to
Step 1. Sele	2 - 18 years Adult Other	]				Show Inactive	Show Latest Records
Schedule	Vaccine Cvx Code	e Consent	Form VIS	Administered On	Administered By	Status	
18 Years	VARICELLA	~				Refuse	
18 Years	HPV	~				Refuse	
18 Years	ZOSTER	~				Refuse	

## Patient/Guardian Refuses Immunization

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1. If a patient/guardian refuses a vaccination, click on the red refuse button next to the vaccine.

2 - 4 Months	ROTAVIRUS	\$ Refuse

B Remove

Edit

2. This will create a popup where you can fill out the information as to why the patient/guardian refused. Click the blue "Save" button when you're finished

	Refuse Immunizatio	on	an. 1, 2010) [#] × ]	Add
	Vaccination Status: Reason for Refusal:	Refused       Religious exemption		aller
Ne	Other:			
)- B	eview and Sign Step 3: R	ecord Vaccinations	Close	

3. The information will appear next to the vaccination

2 - 4 Months	ROTAVIRUS	rotavirus, monovalent	Multi Pediatric Vaccines	3/28/16 10:27	Refused : Religious	🖋 Edit	
			VIS	AM	exemption	🗎 Remo	ve