## **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.

| So | ched | lule | С     | lini | cal  | Patients Reports               | Billin | g Accour  | nt Help       | \$ X |          |   |                      |     |          |   |       | Search     |   |          |
|----|------|------|-------|------|------|--------------------------------|--------|-----------|---------------|------|----------|---|----------------------|-----|----------|---|-------|------------|---|----------|
| 0  | J    | ul   | ~     | 20   | 20   | PATIENT<br>Patient List        | oday   | C Refresh | 🔒 Print Appts |      |          | • | Jul 19 2020 - Jul 25 | i 🉌 | -        |   | Daily | Exam Rooms |   | loctor V |
| Su | M    | o Ti | 'u We | Ð    | Th I | Consent Forms<br>Patient Flags | Sun 7, | /19 ×     | Mon 7/20      | ×    | Tue 7/21 | 3 | Wed 7/22             | ×   | Thu 7/23 | × | F     | Fri 7/24   | × | Sat      |
| 28 | 29   | 3    | 0 1   |      | 2    | Patient Groups                 |        |           |               |      |          |   |                      |     |          |   |       |            |   |          |
| 5  | 6    | 7    | 7 8   |      | 9 -  | Send Email                     |        |           |               |      |          |   |                      |     |          |   |       |            |   |          |
| 12 | 13   | 3 1  | 4 15  | 5    | 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                                |  | e.g. Mr, Mrs, Ms                                     |  |  |  |
|               | Tasks               | 0 | First Name                           | Jenny  |  |  |  |  |
|               | Problem List        |   | Nick Name<br>Middle 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 | Jg Interactions     | 6 |                                      | Currently: patient_photos/5d18eb8c-5a01-4421-ac6f-66ebc42b124d.jpg Clear |  |  |  |  |
|               | CQMs                |   | Current Photo:                       | Change: Choose File No file choose                                       | sen Will be attached to patient's chart on iPad EMR. |  |  |  |
| \<br>\        | Intake Data         |   |                                      |  |  |  |  |  |
|               | Lab Orders          |   |                                      |  |  |  |  |  |
|               | Immunizations       |   |                                      | 2-21   |  |  |  |  |
|               | 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**.

| Birth - 2 years | 2 - 18 years Adu | It Other |   |              |     |                 |            | Show Inactive | Show Latest Recor |
|-----------------|------------------|----------|---|--------------|-----|-----------------|------------|---------------|-------------------|
| Schedule        | Vaccine          | Cvx Code |   | Consent Form | VIS | Administered On | Administer | red By        | Status            |
| 18 Years        | VARICELLA        |          | ~ |              |     |                 |            |               | Refuse            |
| 18 Years        | HPV              |          | ~ |              |     |                 |            |               | Refuse            |
| 18 Years        | ZOSTER           |          | ~ |              |     |                 |            |               | Refuse            |
| 18 Years        | MMR              | MMRV     | ~ |              |     |                 |            |               | Refuse            |
| 18 Years        | PneumoPCV        |          | ~ |              |     |                 |            |               | Refuse            |
| 18 Years        | MENING           |          | ~ |              |     |                 |            |               | Refuse            |
| 8 Years         | НерА             |          | ~ |              |     |                 |            |               | Refuse            |
| 8 Years         | НерВ             |          | ~ |              |     |                 |            |               | Refuse            |
| 8 Years         | HIB              |          | ~ |              |     |                 |            |               | Refuse            |
| 8 Years         | ZOSTER           |          | ~ |              |     |                 |            |               | Refuse            |
| 8 Years         | MeningB          |          | ~ |              |     |                 |            |               | Refuse            |

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 gua | rdian(s) review the | im:               |                                      |         |
| Information Statements  |                     |                   |                                      |         |
| MMRV Vaccine VIS<br>MMRV  |                     |                   |                                      | 0       |
|   |                     |                   | Skip Sign Consent Form Upload Conser | t 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<br>statement and acl |              |     | - |      |           |
|   |              |     | 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:    | <br>~        |
| Entered By:             |                                       |        | Vaccine route:         | ~            |
| Administered on:        | 02/22/2024 17:29                      |        | Vaccine site:          | <br>•        |
| Record Type:            |                                       |        | Vaccine inventory lot: | <br>• e      |
|                         |                                       |        | Funding Source:        | <br><b>*</b> |
| CVX Code                |                                       |        | Funding Eligibility:   | <br>• e      |
| CVX Code:               |                                       |        | Priority Group:        | ~            |
| Name:                   | MMRV                                  |        | Observed Immunity:     | <br>~        |
| NDC:                    |                                       | 0      | Comments/Notes:        |              |
| CPT Code:               |                                       |        | coninentariotes.       |              |
| Manufacturer:           | +                                     |        |                        | <br>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.

×

| 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 |                          | 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        |                     |
| 10.14             | 1445                     | 10                          | 10.000         | 10/0/04 0 00 014 |                 | 0             |                     |

## Patient/Guardian Refuses Immunization

~

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

|  | 2 - 4 Months | ROTAVIRUS | <b>▲</b> | 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 |
|---------|--|-----------------------------------|------------------|-------|
| P<br>No | Vaccination Status:<br>Reason for Refusal: | Refused       Religious exemption |                  | st Ap |
| Ne      | Other:                                     |                                   |                  | mun   |
| )- B    | oview and Sign Step 3: B                   | ecord Vaccinations                | Close Save       |       |

3. The information will appear next to the vaccination

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