

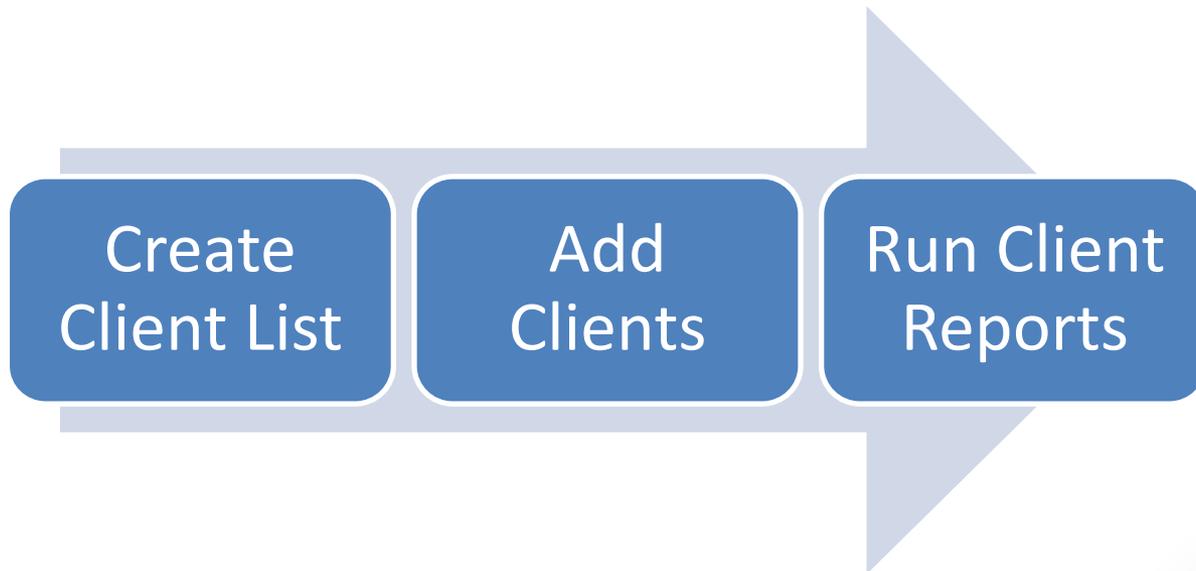
# Creating and Managing an Client List within imMTrax

Montana Immunization Program

# Manage Clients List

Manage Client List is a function within imMTrax that allows a site to create and manage one or more client lists. Once the client list is created the site will be able to generate various client reports on everyone in their list with one total output.

Example: A list with 25 clients can be used to run 25 School Entry Forms.



# Manage Clients List

From the left-side navigation options, locate Manage Clients List



**imMTrax**  
Montana  
Immunization  
Information  
System

Production v3.15.7.0.1  
.....

**Clients**  
manage client  
last client  
mass immunization  
client summary view

**Inventory**  
manage inventory  
manage cold chain  
cold chain report  
reconcile inventory  
manage orders  
manage transfers  
data extract for billing

**Reports - Coverage**  
request uptodate rpt  
request imm coverage  
check imm rpt status

**Reports R/R**  
request reminder  
request callback  
check reminder status

**Manage Locations**  
switch organizations  
switch sites

**Administration**  
change password  
system user manual

**Manage Clients List**  
search clients  
manage list

home change password logout help desk

**Announcements:**

- NEW: 08/25/2015 ~ [Changes to imMTrax Access Request Forms](#)
- 08/18/2015 ~ [imMTrax Communication Via Email- Confidentiality Reminder](#)
- NEW: 07/31/2015 ~ [Latest Immunization Program Newsletter Now Available](#)
- NEW: 07/28/2015 ~ [Update to Certificate of Immunization \(School Entry Form\)](#)
- NEW: 07/28/2015 ~ [School Law Update and Resources Webpage](#)
- NEW: 05/29/2015 ~ [imMTrax Comments and Varicella Instructions Available](#)
- NEW: 05/27/2015 ~ [Changes made to Varicella Comment Options](#)
- NEW: 04/17/2015 ~ [Vaccine Information Statements](#)
- NEW: 01/27/2015 ~ [imMTrax Tips and Tricks](#)

[more announcements](#)

**Immunization Coverage:**

**Immunization Coverage as of 09/02/2015**

Category	Coverage (%)
1	65
2	80
3	90
4	85
5	88
6	78
7	84
8	86
9	87
10	87

# Create a New List

Manage Clients List  
search clients  
manage list

Enter the client list name into the New List Name field and *Save*.

Manage List

New List Name

Report List

List Name	Last Updated Date	Client Count	Delete
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List Added

Manage List

New List Name

Report List

List Name	Last Updated Date	Client Count	Delete
<a href="#">Imafake Too Health Center List 9/2/15</a>	09/02/2015	0	<input type="button" value="Delete"/>

**Client Lists are site-specific and will be able to managed by any imMTrax user at your location.**

# Adding Clients to a List

Manage Clients List

search clients

manage list

## Client Search Criteria

Last Name\*

SSN

 -  - 

Find

First Name\*

Phone

 -  - 

Birth Date\*



Chart#

Mother's First Name

imMTrax ID

Mother's Maiden Last

Organization ID

Member of List

Using the search clients\* option, search for the client.

**Note:** Only clients with an existing imMTrax record can be added to lists.

# Adding Clients to a List

If more than one result is produced from the search criteria used, select the blue hyperlinked name of the intended client.

**Client Search Criteria**

Last Name\*  SSN  -  -

First Name\*  Phone  -  -

Birth Date\*   Chart#

Mother's First Name  imMTrax ID

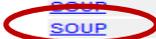
Mother's Maiden Last  Organization ID

Member of List

Possible Matches: 24

Index	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender																		
<a href="#">SOUP</a>	BRANDO		4381541	02/05/2005		PATRICIA		M																		
<a href="#">SOUP</a>	BRANDON		4411700	02/05/2005				M																		
The above client has not consented. Please contact your local public health department for further information. <a href="#">Consent Form</a>																										
<a href="#">SOUP</a>	BROCC		4409641	01/02/2010				F																		
<a href="#">SOUP</a>	BROCC		4409646	01/03/2010				F																		
<a href="#">SOUP</a>	BROCCOLI	CHEDDAR	4261709	01/01/2010		POTATO		F																		
<a href="#">SOUP</a>	BROCCOLLI		4409640	01/11/2010				F																		
<a href="#">SOUP</a>	CHICKEN		4365534	12/12/2012		VIRGINIA	BROTH	M																		
<a href="#">SOUP</a>	COLD		4293618	01/01/1977		POPPYSEED	SMITH	M																		
<a href="#">SOUP</a>	DANNY		3934639	01/15/2006				M																		
<a href="#">SOUP</a>	DINNER		4381344	08/03/2004		PATRICIA		F																		
<a href="#">SOUP</a>	FRENCH	ONION	4573979	06/06/2011		POTATO		M																		
<a href="#">SOUP</a>	GINGER		4368533	01/05/2011				F																		
<a href="#">SOUP</a>	HOT		4446632	01/01/2013				F																		
<a href="#">SOUP</a>	LIME		4374326	08/03/1999		PATRICIA		F																		
<a href="#">SOUP</a>	LITTLEONE		4688495	06/02/2015				F																		
<a href="#">SOUP</a>	LUNCH		4367473	01/05/2002				F																		
<a href="#">SOUP</a>	MICHELLE		4349068	08/03/2006		POTATO		F																		
<a href="#">SOUP</a>	ONION		4417499	09/08/2013				F																		
<a href="#">SOUP</a>	PEA	SPLIT	4750909	01/01/2009		POTATO	CARROTT	M																		
<a href="#">SOUP</a>	PLAIN		4415462	08/17/1985				M																		
<a href="#">SOUP</a>	POLLET		4352808	12/12/2012		POTATO		M																		
<a href="#">SOUP</a>	TOMATO	ARCHIBALD	4719876	01/01/2009		POTATO		M																		

Only clients records with consent given may be added to a list.



# Adding Clients to a List

Under *Add this Client to a Report List*, use the dropdown to choose the list. Click the Add button.

**Client Information** Print Print Confidential Cancel

Client Name (First - MI - Last) DOB Gender Tracking Schedule  
 TOMATO ARCHIBALD SOUP 01/01/2009 M ACIP Main

Contraindications/Events ...

**Add this Client to a Report List**

Add Return  
 Imafake Too Health Center List 9/2/15

Vaccine Group	Date Administered	Series	Trade Name	Dose	Reaction
DTP/aP	01/05/2010	1 of 4			
	03/17/2014	2 of 4	Infanrix	Full	
	05/01/2014	3 of 4			
	06/15/2014	NOT VALID	Infanrix	Full	
	12/10/2014	NOT VALID			
Hep A	06/05/2014	NOT VALID	Havrix-Adult	Full	
	12/05/2014	NOT VALID	Havrix-Adult	Full	
HepB	12/10/2014	1 of 3			
	12/10/2014	NOT VALID			
Hib- Unspecified	09/25/2014	NOT VALID	PedvaxHIB	Full	
Influenza	05/01/2010	1 of 2			
	02/01/2011	2 of 2			
	10/08/2014	Booster	Fluzone High Dose	Full	
MMR	02/01/2011	1 of 2			
PPD	08/26/2015	Pending	PPD	Full	
Pneumococcal	05/01/2010	1 of 3			
Polio	01/05/2010	1 of 3			
	03/01/2010	2 of 3			
	12/10/2014	3 of 3			
Rotavirus, unspe	03/01/2009	1 of 3			
	05/02/2009	2 of 3			
Varicella	02/01/2011	1 of 2			
	06/05/2014	2 of 2	Varivax	Full	

Current Age: 6 years, 8 months, 1 day

**Vaccines Recommended by Selected Tracking Schedule**  
 Non-validated doses are not included in the forecasting logic.  
 Non-validated doses should be confirmed.

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTP/aP		06/10/2015	07/10/2015	12/31/2015
Hep A	01/01/2010	01/01/2010	01/01/2011	
HepB	01/07/2015	01/07/2015	03/10/2015	12/31/2015
Hib- Unspecified	Maximum Age Exceeded			
Influenza	11/05/2014	10/08/2015	10/08/2015	
MMR	03/01/2011	01/01/2013	01/01/2015	

# Adding Clients to a List



Client added to Selected List

Client Information Print Print Confidential Cancel

Client Name (First - MI - Last)	DOB	Gender	Tracking Schedule
TOMATO ARCHIBALD SOUP	01/01/2009	M	ACIP Main

Contraindications/Events ▼

**Add this Client to a Report List**

Please Pick a Report List ▼ Add

**History** Return

Vaccine Group	Date Administered	Series	Trade Name	Dose	Reaction
DTP/aP	<a href="#">01/05/2010</a>	1 of 4			
	<a href="#">03/11/2014</a>	2 of 4	Infanrix ®	Full	
	<a href="#">05/01/2014</a>	3 of 4			
	<a href="#">06/15/2014</a>	NOT VALID	Infanrix ®	Full	
Hep A	<a href="#">12/10/2014</a>	NOT VALID			
	<a href="#">06/05/2014</a>	NOT VALID	Havrix-Adult ®	Full	
HepB	<a href="#">12/05/2014</a>	NOT VALID	Havrix-Adult ®	Full	
	<a href="#">12/10/2014</a>	NOT VALID			
Hib- Unspecified	<a href="#">12/10/2014</a>	NOT VALID			
Influenza	<a href="#">09/25/2014</a>	NOT VALID	PedvaxHIB ®	Full	
	<a href="#">05/01/2010</a>	1 of 2			
	<a href="#">02/01/2011</a>	2 of 2			
MMR	<a href="#">10/08/2014</a>	Booster	Fluzone High Dose ®	Full	
PPD	<a href="#">02/01/2011</a>	1 of 2			
Pneumococcal	<a href="#">08/26/2015</a>	Pending	PPD ®	Full	
Polio	<a href="#">05/01/2010</a>	1 of 3			
	<a href="#">01/05/2010</a>	1 of 3			
	<a href="#">03/01/2010</a>	2 of 3			
Rotavirus, unspe	<a href="#">12/10/2014</a>	3 of 3			
	<a href="#">03/01/2009</a>	1 of 3			
	<a href="#">05/02/2009</a>	2 of 3			
Varicella	<a href="#">02/01/2011</a>	1 of 2			
	<a href="#">06/05/2014</a>	2 of 2	Varivax ®	Full	

Current Age: 6 years, 8 months, 1 day

Once added successfully to a list, that specific list will no longer be available to choose on the dropdown list.

# Manage a Client List

Manage Clients List  
search clients  
manage list

Under *manage list*, click the blue hyperlinked name of the list to manage.

Manage List			
New List Name <input type="text"/>			Save
Report List			
List Name	Last Updated Date	Client Count	Delete
<a href="#">Imafake Too Health Center List 9/2/15</a>	09/03/2015	3	Delete

# Manage a Client List

Output  
Options

Reports Available for: Imafake Too Health Center List 9/2/15

Report Name	Description
<a href="#">Client List</a>	Displays the name and date of birth for each client on the list sorted alphabetically by last name.
<a href="#">Client Immunization History List</a>	Displays the name, date of birth and immunization history for each client on the list sorted alphabetically by last name.
<a href="#">Immunization Due</a>	Displays the name, date of birth and all immunization information for immunizations due for each client on the list sorted alphabetically by last name.
<a href="#">School Entry Form</a>	Displays Form HES-101, the School/Child Care Certificate of Immunization.

Client List for: Imafake Too Health Center List 9/2/15 Save Cancel

Delete	Last Name	First Name	Middle Name	Birth Date
<input type="checkbox"/>	<a href="#">SOUP</a>	TOMATO	ARCHIBALD	01/01/2009
<input type="checkbox"/>	<a href="#">SOUP</a>	VINNY		08/01/2008
<input type="checkbox"/>	<a href="#">SOUP</a>	YOUNG		10/04/2014

Client  
List

Hyperlinked last name navigates the user to the Record Immunization screen\*

\*Only available to users who have access to enter immunizations

# Output Options

**Client Listing**- Displays the name and date of birth for each client on the list.

Montana Immunization Information System (IIS)			
Client Listing			
<i>Report run on:</i>	09/02/2015 03:39 PM	Page 1 of 1	
Last Name	First Name	Middle Name	Birth Date
SOUP	YOUNG		10/04/2014
SOUP	VINNY		08/01/2008
SOUP	TOMATO	ARCHIBALD	01/01/2009

# Output Options

**Client Immunization History List**- Displays the name, date of birth, and immunization history for each client on the list.

Client Report Job Status			
Started	Completed	Status	Clients
09/02/2015 04:27 PM	09/02/2015 04:27 PM	100 %	1

Client Report Status					
Name	Type	Requested	Started	Completed	Status
<a href="#">Due Report 09-02-2015 16-27-04</a>	Imm. Due	09/02/2015 04:27 PM	09/02/2015 04:27 PM	09/02/2015 04:27 PM	Ready

Refresh until file is fully generated.  
Click the blue hyperlink for output results.

09/02/2015 Montana Immunization Information System (IIS) Page 1 of 1

Client Immunization History

Client Name: Birth Date: Gender: Female

Immunization	Date Admin	Series	Trade Name	Dose
DTP/aP	10/05/1983	1 of 5		
	11/29/1983	2 of 5		
	02/06/1984	3 of 5		
	06/11/1985	4 of 5		
	08/09/1988	5 of 5		
Polio	10/05/1983	1 of 4		
	11/29/1983	2 of 4		
	02/06/1984	3 of 4		
MMR	02/10/1985	Not Valid		
	11/06/1984	1 of 2		
Hib	02/01/1990	2 of 2		
	07/17/1987	1 of 1		
HepB	06/03/1992	1 of 3		
	07/02/1992	2 of 3		
	11/20/1992	3 of 3		
Influenza	10/03/2014	Booster		
	03/26/1998	Booster		
Tdap > 7 years	10/26/2009	1 of 1		

Vaccines Recommended by Selected Tracking Schedule	
Vaccine	Date Needed
Polio	08/03/1987
Hep A	08/03/1984
Influenza	10/03/2015
MCV4	08/03/1994
Td	10/26/2019

# Output Options

**Immunization Due-** Displays the name, date of birth, and all immunization information for immunizations due for each client on the list.

Choose output setting to include all or selected vaccine groups.

**Client Immunization Due List Request**

Select the Vaccine Group(s) ...

Use All Vaccine Groups  
 Use Vaccine Groups Selected

Adeno  
Anthrax  
BCG  
Cholera  
Diphtheria  
DT

Add>  
Add All>>  
<Remove  
<<Remove All

Generate Cancel

Refresh until file is fully generated. Click the blue hyperlink for output results.

**Client Report Job Status**

Started	Completed	Status	Clients
09/02/2015 04:27 PM	09/02/2015 04:27 PM	100 %	1

Refresh Cancel

**Client Report Status**

Name	Type	Requested	Started	Completed	Status
<a href="#">Due Report 09-02-2015 16-27-04</a>	Imm. Due	09/02/2015 04:27 PM	09/02/2015 04:27 PM	09/02/2015 04:27 PM	Ready

# Output Options

**Immunization Due-** Displays the name, date of birth, and all immunization information for immunizations due for each client on the list.

Report run on 09/02/2015 03:46 PM **Client Immunizations Due List** Page 1 of 1

Client Name (F M L)

Vaccine	Recommend Day	Immunization Dates
Hep A	08/03/1984	
Influenza	10/03/2015	1) 10/03/2014
MCV4	08/03/1994	
Polio	08/03/1987	1) 10/05/1983 2) 11/29/1983 3) 02/06/1984 4) 02/10/1985 *
Td	10/26/2019	1) 03/26/1998

# Output Options

**School Entry Form-** Displays the name, date of birth, and all immunization information for immunizations due for each client on the list.

STATE OF MONTANA - CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION					
Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.					
<b>SECTION I PLEASE PRINT CLEARLY</b>					
Child/Student's Name SOUP, TOMATO, A	Birth Date 01/01/2009	Sex M	Primary Provider Inafake Clinic		
Name of Parent/Guardian VIRGINIA SOUP	Address 12345 Dyrw BLVD APT Awesome		City State Zip Billings MT 59103	Telephone Home: (406) 444-5555 Work:	
<b>SECTION II IMMUNIZATION HISTORY</b>					
Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).					
Required Vaccines: (CC=Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Perussis (DTaP)	01/05/2010	03/11/2014	05/01/2014	06/15/2014 <sup>^</sup>	12/10/2014 <sup>^</sup>
Booster Dose Tdap required prior to 7th grade entry	SR				
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)	09/25/2014 <sup>^</sup>	CC	CC	CC	
Mesles/Mumps/Rubella (MMR)	02/01/2011	SR			
or Mesles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)	01/05/2010	03/01/2010	12/10/2014	SR	
Varicella (Chickenpox) [VZV or VAR] [] Check here if child has documentation of disease	02/01/2011	06/05/2014			
(^ = Invalid Immunization, # = Tdap)					
ACIP* Recommended Vaccines: *Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention	Month, Day & Year of Each Dose				
	1	2	3	4	5
Hepatitis A	06/05/2014 <sup>^</sup>	12/05/2014 <sup>^</sup>			
Hepatitis B	12/10/2014	12/10/2014 <sup>^</sup>			
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.	05/01/2010	02/01/2011	10/08/2014		
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)					
Pneumococcal Conjugate vaccine (PCV)	05/01/2010				
Rotavirus	03/01/2009	05/02/2009			
(^ = Invalid Immunization)					
<b>THIS IS NOT A COMPLETE IMMUNIZATION RECORD. CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION</b>					
If filled out by health department or health care provider: To the best of my knowledge, this child has received the above immunizations.			If filled out by school or child care personnel: I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana.		
Signed: _____ (Health Department/Health Care Provider) Date			Signed: _____ (School or Child Care Official and title) Date		
Signed: _____ (Health Department/Health Care Provider) Date			Signed: _____ (School or Child Care Official and title) Date		
Signed: _____ (Health Department/Health Care Provider) Date			Signed: _____ (School or Child Care Official and title) Date		
Signed: _____ (Health Department/Health Care Provider) Date			Signed: _____ (School or Child Care Official and title) Date		
FORM No. IZ HES101 (Revised 07/2015)					

# Manage a Client List

To delete clients from the list check the Delete check box next to the client's last name. Click Save.

Reports Available for: Imafake Too Health Center List 9/2/15

Report Name	Description
<a href="#">Client List</a>	Displays the name and date of birth for each client on the list sorted alphabetically by last name.
<a href="#">Client Immunization History List</a>	Displays the name, date of birth and immunization history for each client on the list sorted alphabetically by last name.
<a href="#">Immunization Due</a>	Displays the name, date of birth and all immunization information for immunizations due for each client on the list sorted alphabetically by last name.
<a href="#">School Entry Form</a>	Displays Form HES-101, the School/Child Care Certificate of Immunization.

Client List for: Imafake Too Health Center List 9/2/15 Save Cancel

Delete	Last Name	First Name	Middle Name	Birth Date
<input checked="" type="checkbox"/>	<a href="#">SOUP</a>	TOMATO	ARCHIBALD	01/01/2009
<input type="checkbox"/>	<a href="#">SOUP</a>	VINNY		08/01/2008
<input checked="" type="checkbox"/>	<a href="#">SOUP</a>	YOUNG		10/04/2014



# Manage a Client List

Manage Clients List  
search clients  
manage list

To delete a list that is no longer needed click the Delete button designated for that list.

**Manage List**

New List Name

**Report List**

List Name	Last Updated Date	Client Count	Delete
<a href="#">Imafake Too Health Center List 9/2/15</a>	09/03/2015	3	<input type="button" value="Delete"/>

# Questions?

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