



imMTrax Client
Records:
*Foundations of Client
Information*

Montana Department of Health
and Human Services
Public Health and Safety
Division
Last Update 11/2015

imMTrax Client Records: Components

The foundation of the client record consists of 4 components:

- Personal Information (Client Information)
- Responsible Persons
- Comments
- Contact History

The screenshot shows a web-based form titled "Personal Information" for a client. The form contains the following fields and values:

- Last Name*: SOUP
- First Name*: TOMATO
- Middle Name: ARCHIBALD
- Birth Date*: 01/01/2009
- Gender: MALE
- SSN: []-[]-[]
- Mother's Maiden Last: []
- Mother's First Name: POTATO
- County*: LEWIS & CLARK
- Medicare Id (Part B): []
- imMTrax Id: 4719876

On the right side of the form, there are five buttons: Save, Cancel, Record Immunization, History/Recommend, and Reports. At the bottom of the form, there are four tabs: Client Information (selected), Responsible Persons, Client Comments, and Contact History.

imMTrax Client Records: Personal Information Page

Within imMTrax, the *Personal Information Page* includes:

- Name
- Birth Date
- Gender
- Medical Home Association
- County of Residence
- Consent Status
- Record/Client Identifiers
- Demographic Information
- Reminder & Recall Information
- VFC Eligibility (integrated sites)

Personal Information

Last Name*	SOUP	SSN	<input type="text"/> - <input type="text"/> - <input type="text"/>	Save
First Name*	TOMATO	Mother's Maiden Last	<input type="text"/>	Cancel
Middle Name	ARCHIBALD	Mother's First Name	POTATO	Record Immunization
Birth Date*	01/01/2009	County*	LEWIS & CLARK	History/Recommend
Gender	MALE	Medicare Id (Part B)	<input type="text"/>	Reports
		imMTrax Id	4719876	

Client Information Responsible Persons Client Comments Contact History

Chart #	<input type="text"/>	Tracking Schedule*	ACIP
Ethnicity	Not Hispanic or Latino	Status	Active
Race	Unknown	Status Change Date	<input type="text"/>
Medical Home Association*	Mass Immunization	School	<input type="text"/>
Primary Provider*	Not Associated	Allow Reminder & Recall Contact?	Yes
VFC Eligibility*	Medicaid Recipient	Last Notice Date	02/11/2015
Other Eligibility*	<input type="text"/>	Primary Association	Imafake Clinic
Secondary Associations	Anaconda-Deer Lodge Co. Health Dep		

Insurance Providers

5 STAR LIFE INSURANCE COMPANY	Add >	Selected Providers
A & I Benefit Plan Administrators, Inc.		
AAA LIFE INSURANCE COMPANY		

< Remove

Personal Information:

Required Fields

Personal Information

Last Name	soup	SSN	<input type="text"/> - <input type="text"/> - <input type="text"/>	Save
First Name	lovely	Mother's Maiden Last	<input type="text"/>	Cancel
Middle Name	<input type="text"/>	Mother's First Name	<input type="text"/>	Record Immunization
Birth Date	01/01/2015	County*	<input type="text"/>	History/Recommend
Gender	<input type="text"/>	Medicare Id (Part B)	<input type="text"/>	Reports
		imMTrax Id		

Client Information Responsible Persons Client Comments Contact History

Chart #	<input type="text"/>	Tracking Schedule*	ACIP
Ethnicity	<input type="text"/>	Status	Active
Race	<input type="text"/>	Status Change Date	<input type="text"/>
Medical Home Association*	<input type="text"/>	School	<input type="text"/>
Primary Provider*	<input type="text"/>	Allow Reminder & Recall Contact?	Yes
VFC Eligibility*	Unknown or Undetermined	Last Notice Date	
Other Eligibility*	<input type="text"/>	Primary Association	
Secondary Associations	<input type="text"/>		

Insurance Providers Selected Providers

5 STAR LIFE INSURANCE COMPANY	^	Add >	<input type="text"/>
A & I Benefit Plan Administrators, Inc.	v	< Remove	
AAA LIFE INSURANCE COMPANY			

Personal Information:

Additional Desired Fields

Personal Information

Last Name <input type="text" value="soup"/>	SSN <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	<input type="button" value="Save"/>
First Name <input type="text" value="lovely"/>	Mother's Maiden Last <input type="text"/>	<input type="button" value="Cancel"/>
Middle Name <input type="text"/>	Mother's First Name <input type="text"/>	<input type="button" value="Record Immunization"/>
Birth Date <input type="text" value="01/01/2015"/>	County* <input type="text" value=""/>	<input type="button" value="History/Recommend"/>
Gender <input type="text" value=""/>	Medicare Id (Part B) <input type="text"/>	<input type="button" value="Reports"/>
imMTrax Id		

Client Information

Responsible Persons

Client Comments

Contact History

Chart # <input type="text"/>	Tracking Schedule* <input type="text" value="ACIP"/>
Ethnicity <input type="text"/>	Status <input type="text" value="Active"/>
Race <input type="text"/>	Status Change Date <input type="text"/>
Medical Home Association* <input type="text"/>	School <input type="text"/>
Primary Provider* <input type="text"/>	Allow Reminder & Recall Contact? <input type="text" value="Yes"/>
VFC Eligibility* <input type="text" value="Unknown or Undetermined"/>	Last Notice Date
Other Eligibility* <input type="text"/>	Primary Association
Secondary Associations <input type="text"/>	

Insurance Providers

5 STAR LIFE INSURANCE COMPANY
A & I Benefit Plan Administrators, Inc.
AAA LIFE INSURANCE COMPANY

Selected Providers

Along with the required fields, desired fields assist in identifying and consolidating duplicate records within imMTrax.

Personal Information:

SSN Field Note

Personal Information

Last Name soup

First Name lovely

Middle Name

Birth Date 01/01/2015

Gender

Mother's Maiden Last

Mother's First Name

County*

Medicare Id (Part B)

imMTrax Id

SSN

Save

Cancel

Record Immunization

History/Recommend

Reports

Client Information

Responsible Persons

Client Comments

Contact History

The Montana Immunization Program made the decision to remove all Social Security Numbers from imMTrax (Dec 2014). The field SSN is still present. Any data that is entered is removed monthly.

We ask our users to NOT enter a SSN.

Personal Information:

Habits to Avoid



The following practices are strongly discouraged:

- Use of alias or nicknames (ex. Bill Smith vs. William Smith).
- Use of unnecessary punctuation (ex. First Name = (Bill) William)
- Entry of a surname suffix (ex. William Smith, Jr.).
No suffix field currently exists in imMTrax. Entry or attachment of a suffix in any name field will prevent appropriate matching and resolution of duplicate records.
- Entry of a client's Social Security Number.

Personal Information:

Habits to Avoid



The following practices are strongly discouraged:

- Using any field to hold information it is not intended to hold (ex. Using Mother's Maiden Name to hold phone number).
- Entering into a field to show it as "complete" (ex. Entering "NA" into Mother's Maiden Name).
- Use of "Unknown" designations in a dropdown when the information is available (ex. Leaving Gender to "Unknown").

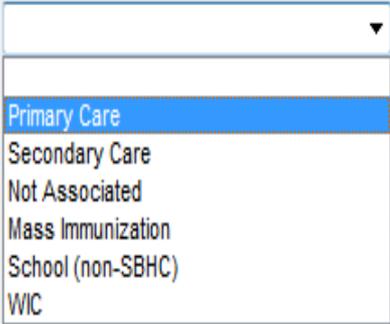
Personal Information:

Medical Home Association

Medical Home Associations play a vital role in the data and reports generated for your site!

- Immunization Coverage Report
- Biannual/VFC Reports
- Reminder and Recall Function Output

Medical Home Association*	<input type="text"/>
Primary Provider*	<input type="text"/>
VFC Eligibility*	<input type="text"/>
Other Eligibility*	<input type="text"/>
Secondary Associations	<input type="text"/>



Medical Home Association*	<input type="text"/>
Primary Provider*	<input type="text"/>
VFC Eligibility*	<input type="text"/>
Other Eligibility*	<input type="text"/>
Secondary Associations	<input type="text"/>

Primary Care
Secondary Care
Not Associated
Mass Immunization
School (non-SBHC)
WIC

Medical Home Associations establish your site's connection to the client record being accessed.

Personal Information:

Medical Home Association

Note:

With the exception of automatic medical home associations related to incoming electronic data (gives client a Secondary Care association), all Medical Home Associations must be updated and maintained manually.

Personal Information:

Medical Home Association

Primary Care – Client comes to your site for Most or All immunizations

Secondary Care – Client comes to your site for Some immunizations

Not Associated – Client is not an established patient to your site and is not provided with ongoing immunizations services.

Mass Immunization – Designation used when no previous association is present and upon entry of immunizations using the Mass Immunization module.

School (non-SBHC) – Designation available for school users

WIC – Designation available for WIC users

Personal Information:

Status (Consent) Field

The Status Field contains:

- Client Consent Status:
 - Active (Consent = Yes)
 - Inactive – Consent Denied
 - Inactive – Consent Undetermined
- Inactive- Moved or Gone Elsewhere: a site specific field used to remove a medical home association due to client relocation, change of providers, etc.
- Permanently Inactive – Deceased.

Personal Information

Last Name* SOUP SSN - -
First Name* FRENCH Mother's Maiden Last
Middle Name ONION Mother's First Name POTATO
Birth Date* 06/06/2011 County* LEWIS & CLARK
Gender MALE Medicare Id (Part B)
imMTrax Id 4269047

Save
Cancel
Record Immunization
History/Recommend
Reports

Client Information Responsible Persons Client Comments Contact History

Chart #
Ethnicity
Race
Medical Home Association* Secondary Care
Primary Provider* Not Associated
VFC Eligibility* Not Eligible
Other Eligibility* Adult Underinsured
Secondary Associations BC- Miles City

Tracking Schedule* ACIP
Status Active
Status Inactive - Moved or Gone Elsewhere
School Inactive - Consent Denied
Allow R Inactive - Consent Undetermined
Permanently Inactive - Deceased
Last Notice Date 02/06/2014
Primary Association Richland County Health Department

Insurance Providers
5 STAR LIFE INSURANCE COMPANY
A & I Benefit Plan Administrators, Inc.
AAA LIFE INSURANCE COMPANY
Add >
< Remove

Selected Providers

imMTrax Client Records:

Responsible Persons

Responsible Persons is a component of a client's imMTrax Personal Information section. It is intended to house appropriate contact information for the client.

Responsible Persons are connected to other imMTrax modules and functions:

- Reminder and Recall Functions
- Records matching and deduplication
- Coverage Reports (Patient Listings)
- imMTrax-generated School Entry Forms

imMTrax Client Records:

Responsible Persons

Note:

With the exception of responsible person information related to incoming electronic data, **all Responsible Persons must be updated and maintained manually.**

Responsible Persons

Add a Responsible Person

Begin by searching for the Responsible Person you wish to add.

Enter the **complete** first and last name into the appropriate fields.

Click *Find*.

Personal Information

Last Name*	SOUP	SSN	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="button" value="Save"/>
First Name*	COLD	Mother's Maiden Last	<input type="text"/>	<input type="button" value="Cancel"/>
Middle Name	<input type="text"/>	Mother's First Name	<input type="text"/>	<input type="button" value="Record Immunization"/>
Birth Date*	01/01/2008 <input type="button" value="Calendar"/>	County*	UNKNOWN <input type="button" value="v"/>	<input type="button" value="History/Recommend"/>
Gender	<input type="button" value="v"/>	Medicare Id (Part B)	<input type="text"/>	<input type="button" value="Reports"/>
		imMTrax Id	4293618	
		Student Id	<input type="text"/>	

Search Below for existing contacts in imMTrax
(hint: use less data to get more possible matches)

Last Name*	Soup	Telephone	<input type="text"/>	<input type="button" value="Find"/>
First Name*	Virginia	Street Address	<input type="text"/>	
Middle Name	<input type="text"/>	City	<input type="text"/>	
		State	MONTANA <input type="button" value="v"/>	
		Zip	<input type="button" value="v"/>	

Responsible Persons

Add a Responsible Person

Outcome 1: No Matches Found

If no results were found, begin entering the information that corresponds with the responsible person you are adding.

Client Information	Responsible Persons	Client Comments	Contact History
<i>No Results or Results not Matching - Add NEW contact</i>			
Last Name* SOUP	Street	<input type="button" value="Add Person"/>	
First Name VIRGINIA	Address*	<input type="button" value="Search Again"/>	
Middle Name	Other Address		
Relationship* Unknown	P.O. Box		
E-Mail	City*	Zip* [] +4 []	
Telephone 1 [] [] []	State* MONTANA	County* UNKNOWN	
Extension 1 [] Type 1 Business	Language	Recall Notices? <input type="checkbox"/>	
Telephone 2 [] [] []		Primary? <input type="checkbox"/>	
Extension 2 [] Type 2 Business		Preferred Method of Recall []	

Responsible Persons

Add a Responsible Person

Complete:

- Last Name
- First Name
- Relationship
- Street Address
- City
- Zip Code
- County
- State

Client Information	Responsible Persons	Client Comments	Contact History
<i>No Results or Results not Matching - Add NEW contact</i>			
Last Name* SOUP	Street Address* 159 Kings Ave	<input type="button" value="Add Person"/>	
First Name VIRGINIA	Other Address	<input type="button" value="Search Again"/>	
Middle Name	P.O. Box		
Relationship* Mother	City* Billings		
E-Mail	State* MONTANA	Zip* 59103 +4	
Telephone 1 406 444 5555	Language	County* YELLOWSTONE	
Extension 1 Type 1 Business		Recall Notices? <input checked="" type="checkbox"/>	
Telephone 2		Primary? <input checked="" type="checkbox"/>	
Extension 2 Type 2 Business		Preferred Method of Recall Mail	

Responsible Persons

Add a Responsible Person

Establish whether the Responsible Person should be designated as Primary (each client record should have one).

Client Information Responsible Persons Client Comments Contact History

No Results or Results not Matching - Add NEW contact

Last Name*	SOUP	Street Address*	159 Kings Ave	Add Person
First Name	VIRGINIA	Other Address		
Middle Name		P.O. Box		
Relationship*	Mother	City*	Billings	
E-Mail		State*	MONTANA	Zip* 59103 +4
Telephone 1	406 444 5555	Language		County* YELLOWSTONE
Extension 1		Type 1	Business	Recall Notices? <input checked="" type="checkbox"/>
Telephone 2				Primary? <input checked="" type="checkbox"/>
Extension 2		Type 2	Business	Preferred Method of Recall Mail

Responsible Persons

Add a Responsible Person

Should this person receive
Reminder/Recall
correspondence?

If checked, the Preferred
Method of Recall must be
selected and matching
information be available in the
Responsible Person
information.

Client Information Responsible Persons Client Comments Contact History

No Results or Results not Matching - Add NEW contact

Last Name* SOUP Street Address* 159 Kings Ave Add Person
First Name VIRGINIA Other Address Search Again
Middle Name P.O. Box
Relationship* Mother City* Billings
E-Mail State* MONTANA Zip* 59103 +4
Telephone 1 406 444 5555 Language County* YELLOWSTONE
Extension 1 Type 1 Business
Telephone 2
Extension 2 Type 2 Business

Recall Notices?
Primary?
Preferred Method of Recall Mail

Preferred Method of Recall options
include Mail, Phone, Email and
Text.

Responsible Persons

Add a Responsible Person

Select Add Person.

Client Information Responsible Persons Client Comments Contact History

No Results or Results not Matching - Add NEW contact

Last Name*	SOUP	Street Address*	159 Kings Ave	<input type="button" value="Add Person"/>
First Name	VIRGINIA	Other Address		
Middle Name		P.O. Box		
Relationship*	Mother	City*	Billings	
E-Mail		State*	MONTANA	Zip* 59103 +4
Telephone 1	406 444 5555	Language		County* YELLOWSTONE
Extension 1	Type 1 Business	Recall Notices?	<input checked="" type="checkbox"/>	
Telephone 2		Primary?	<input checked="" type="checkbox"/>	
Extension 2	Type 2 Business	Preferred Method of Recall	Mail	

Responsible Persons

Add a Responsible Person

Review
your entries
and select
Save.

Personal Information

Last Name* SOUP SSN [] - [] - [] **Save**
First Name* COLD Mother's Maiden Last [] []
Middle Name [] Mother's First Name []
Birth Date* 01/01/2008 County* UNKNOWN
Gender [] Medicare Id (Part B) []
imMTrax Id 4293618
Student Id []

Client Information Responsible Persons Client Comments Contact History

Responsible Persons Listing

Select	Last Name	First Name	Relationship	City	Notices	Primary	
<input checked="" type="radio"/>	SOUP	VIRGINIA	MTH	Billings	Y	Y	New Person Delete

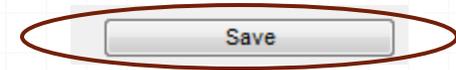
1 of 1
Next
Previous

Details for Responsible Person: VIRGINIA SOUP (Last Updated:)

Last Name* SOUP Street Address* 159 Kings Ave
First Name VIRGINIA Other Address []
Middle Name [] P.O. Box []
Relationship* Mother City* Billings
E-Mail [] State* MONTANA Zip* 59103 +4 []
Telephone 1 406 444 5555 Language [] County* YELLOWSTONE
Extension 1 [] Type 1 Business
Telephone 2 [] []
Extension 2 [] Type 2 Business
Recall Notices?
Primary?
Preferred Method of Recall Mail

Responsible Persons

Edit Existing Responsible Persons



Making changes to existing Responsible Persons



Client Information Responsible Persons Client Comments Contact History

Responsible Persons Listing

Select	Last Name	First Name	Relationship	City	Notices	Primary
<input checked="" type="radio"/>	SOUP	MILD	GRP	Miles City	N	N
<input type="radio"/>	SOUP	VIRGINIA	UNK	Billings	Y	Y

Details for Responsible Person: MILD SOUP (Last Updated: 05/06/2014)

1 of 2

Last Name* SOUP Street Address* 12345 Planet St
First Name MILD Other Address
Middle Name P.O. Box
Relationship* Grandparent City* Miles City
E-Mail State* MONTANA Zip* 59301 +4
Telephone 1 Language County* CUSTER
Extension 1 Type 1 Business Recall Notices?
Telephone 2 Primary?
Extension 2 Type 2 Business Preferred Method of Recall

New Person
Delete
Next
Previous

Select the Responsible Person to be edited.



Delete the selected Responsible Person or make any edits needed.

Client Comments

Habits to Avoid



The following practices are strongly discouraged:

- Entry of a Client Comment that contains language that cannot be easily understood by others (acronyms, unknown abbreviations, site-specific jargon)
- Entry of a Client Comment that contains inappropriate reference to the client or the client's family.

Client Comments will display for all users to see.

**Client Comments will display on the Complete
Immunization Report.**

Client Comments

Adding a Comment

→

Add a
Contraindication
or Schedule
Event by Vaccine
Group.

Vaccine Contraindication/Schedule Event

Enter New Client Contraindication (this event may result in vaccine schedule changes)

Vaccine Group

Contraindication/Event

Start Date*

Permanent Temporary

Select	Date	Client Contraindication/Event	<input type="button" value="Update Selected"/>
			<input type="button" value="Delete Selected"/>

Client Comment Listing

Enter New Client Comment ... (this comment will not result in vaccine schedule changes)

Client Comment

Applies-To Date

Permanent Temporary

Select	Date	Client Comment	<input type="button" value="Update Selected"/>
			<input type="button" value="Delete Selected"/>

→

Add a “free text”
comment.

Client Comments

Contraindications or Schedule Events

Select the appropriate selection from the **Contraindication/Event** dropdown options:

*Healthcare Provider Diagnosis:
Varicella or Zoster*

*Varicella: Laboratory Evidence
of Immunity*



Personal Information

Last Name* SOUP SSN [] - [] - [] Save
First Name* LUNCH Mother's Maiden Last [] Cancel
Middle Name [] Mother's First Name [] Record Immunization
Birth Date* 01/05/2002 County* PARK History/Recommend
Gender FEMALE Medicare Id (Part B) [] Reports
imMTrax Id 4367473
Student Id []

Client Information Responsible Persons Client Comments Contact History

Vaccine Contraindication/Schedule Event

Enter New Client Contraindication (this event may result in vaccine schedule changes)

Vaccine Group Varicella Add New
Contraindication/Event Healthcare Provider Diagnosis: Varicella or Zoster
Start Date* []
 Permanent Temporary

Select	Date	Client Contraindication/Event	Update Selected
			Delete Selected

Client Comment Listing

Enter New Client Comment ... (this comment will not result in vaccine schedule changes)

Client Comment [] Add New
Applies-To Date []
 Permanent Temporary

Select	Date	Client Comment	Update Selected
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Client Comments

Contraindications or Schedule Events

Determine and Enter an appropriate date (i.e. diagnosis date, laboratory sample date, etc) into the **Start Date** field.

The screenshot shows a software interface with the following sections:

- Personal Information:** Fields for Last Name* (SOUP), First Name* (LUNCH), Middle Name, Birth Date* (01/05/2002), Gender (FEMALE), SSN, Mother's Maiden Last, Mother's First Name, County* (PARK), Medicare Id (Part B), imMTrax Id (4367473), and Student Id. Buttons for Save, Cancel, Record Immunization, History/Recommend, and Reports are on the right.
- Navigation:** Buttons for Client Information, Responsible Persons, Client Comments, and Contact History.
- Vaccine Contraindication/Schedule Event:** Section titled "Enter New Client Contraindication (this event may result in vaccine schedule changes)". Fields include Vaccine Group (Varicella), Contraindication/Event (Healthcare Provider Diagnosis: Varicella or Zoster), and Start Date* (05/02/2015). Radio buttons for Permanent and Temporary are present, with Temporary selected. Buttons for Add New, Update Selected, and Delete Selected are on the right.
- Client Comment Listing:** Section titled "Enter New Client Comment ... (this comment will not result in vaccine schedule changes)". Includes a text area for Client Comment, Applies-To Date, and radio buttons for Permanent and Temporary (Temporary selected). Buttons for Add New, Update Selected, and Delete Selected are on the right.

A red arrow points to the **Start Date*** field in the Vaccine Contraindication/Schedule Event section.

Client Comments

Contraindications or Schedule Events

A status of
Temporary
defaults to all
comments.

To move to
Permanent select
the radio button.

Personal Information

Last Name* SOUP SSN [] - [] - [] Save
First Name* LUNCH Mother's Maiden Last [] Cancel
Middle Name [] Mother's First Name [] Record Immunization
Birth Date* 01/05/2002 County* PARK History/Recommend
Gender FEMALE Medicare Id (Part B) [] Reports
imMTrax Id 4367473
Student Id []

Client Information Responsible Persons Client Comments Contact History

Vaccine Contraindication/Schedule Event
Enter New Client Contraindication (this event may result in vaccine schedule changes)

Vaccine Group Varicella Add New
Contraindication/Event Healthcare Provider Diagnosis: Varicella or Zoster
Start Date* 05/02/2015
 Permanent Temporary

Select	Date	Client Contraindication/Event	Update Selected
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Client Comment Listing
Enter New Client Comment ... (this comment will not result in vaccine schedule changes)

Client Comment [] Add New
Applies-To Date []
 Permanent Temporary

Select	Date	Client Comment	Update Selected
--------	------	----------------	-----------------

Delete Selected

Client Comments

Contraindications or Schedule Events

Click the **Add New** button.

Save.

Personal Information

Last Name* SOUP SSN - - - Save
First Name* LUNCH Mother's Maiden Last Cancel
Middle Name Mother's First Name Record Immunization
Birth Date* 01/05/2002 County* PARK History/Recommend
Gender FEMALE Medicare Id (Part B) Reports
imMTrax Id 4367473
Student Id

Client Information Responsible Persons Client Comments Contact History

Vaccine Contraindication/Schedule Event
Enter New Client Contraindication (this event may result in vaccine schedule changes)

Vaccine Group Varicella Add New
Contraindication/Event Healthcare Provider Diagnosis: Varicella or Zoster
Start Date* 05/02/2015
 Permanent Temporary

Select	Date	Client Contraindication/Event	Update Selected
			Delete Selected

Client Comment Listing
Enter New Client Comment ... (this comment will not result in vaccine schedule changes)

Client Comment Add New
Applies-To Date
 Permanent Temporary

Select	Date	Client Comment	Update Selected
			Delete Selected

Client Comments

Free Text Comments

- ✓ Enter comment to be applied to the client record in the text field provided.
- ✓ Set Applies-To Date
- ✓ Determine Permanent or Temporary status
- ✓ Add New
- ✓ Save

Vaccine Contraindication/Schedule Event

Enter New Client Contraindication (this event may result in vaccine schedule changes)

Vaccine Group

Contraindication/Event

Start Date* 

Permanent Temporary

Select Date Client Contraindication/Event

Client Comment Listing

Enter New Client Comment ... (this comment will not result in vaccine schedule changes)

Client Comment

Applies-To Date 

Permanent Temporary

Select Date Client Comment

Client Comments

Edit or Delete a Comment

Choose the comment and use the **Update Selected** or **Delete Selected** options.

Don't forget to SAVE!

The screenshot displays a software interface for managing client information. It is divided into several sections:

- Personal Information:** Contains fields for Last Name (SOUP), First Name (LUNCH), Middle Name, Birth Date (01/05/2002), Gender (FEMALE), SSN, Mother's Maiden Last Name, Mother's First Name, County (PARK), Medicare Id (Part B), imMTrax Id (4367473), and Student Id. Action buttons include Save, Cancel, Record Immunization, History/Recommend, and Reports.
- Navigation:** Tabs for Client Information, Responsible Persons, Client Comments, and Contact History.
- Vaccine Contraindication/Schedule Event:** Section for adding new contraindications. Fields include Vaccine Group (All Vaccine Groups), Contraindication/Event, and Start Date. Radio buttons for Permanent and Temporary are present. An Add New button is on the right.
- Table:** A table with columns: Select, Date, and Client Contraindication/Event. One row is visible with a selected radio button, date 05/02/2015, and text "Healthcare Provider Diagnosis: Varicella or Zoster". To the right of the table are buttons for Update Selected and Delete Selected, both circled in red.
- Client Comment Listing:** Section for adding new comments. Fields include Client Comment (a large text area), Applies-To Date, and radio buttons for Permanent and Temporary. An Add New button is on the right.
- Bottom Table:** A table with columns: Select, Date, and Client Comment. An Update Selected button is on the right.

Contact History

Add a Contact History Event

Personal Information

Last Name*	<input type="text" value="SOUP"/>	SSN	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	<input type="button" value="Save"/>
First Name*	<input type="text" value="LUNCH"/>	Mother's Maiden Last	<input type="text"/>	<input type="button" value="Cancel"/>
Middle Name	<input type="text"/>	Mother's First Name	<input type="text"/>	<input type="button" value="Record Immunization"/>
Birth Date*	<input type="text" value="01/05/2002"/> <input type="button" value="Calendar"/>	County*	<input type="text" value="PARK"/> <input type="button" value="v"/>	<input type="button" value="History/Recommend"/>
Gender	<input type="text" value="FEMALE"/> <input type="button" value="v"/>	Medicare Id (Part B)	<input type="text"/>	<input type="button" value="Reports"/>
		imMTrax Id	<input type="text" value="4367473"/>	
		Student Id	<input type="text"/>	

Date Range: To

View Contact History

Date	Provider Site	User	Contact Method	Contact Reason	Comment
------	---------------	------	----------------	----------------	---------

Enter a Date Range and select *Find* to review past entries.

To add a new contact event, select *New*.

Contact History

Add a Contact History Event

Personal Information

Last Name: SOUP
First Name: LUNCH
Middle Name:
Mother's Maiden Last:
Mother's First Name:

SSN: --
Gender: F
Birth Date: 01/05/2002
County: PARK

Add Contact

Contact Date*: 11/13/2015 

Contact Event*:

Contact Method*:

Contact Reason*: Contact Reasons: Selected Contact Reasons:

R/R Address Labels
R/R Client Listing
R/R Reminder Card
R/R Reminder Letter

Additional Comments: 

- ✓ Verify or adjust *Contact Date*.
- ✓ Choose *Contact Event*.
- ✓ Choose *Contact Method*.
- ✓ Choose and Add> *Contact Reason*.
- ✓ Add any Additional Comments.
- ✓ *Save Contact*.

Montana Department of Health
and Human Services

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Questions?

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