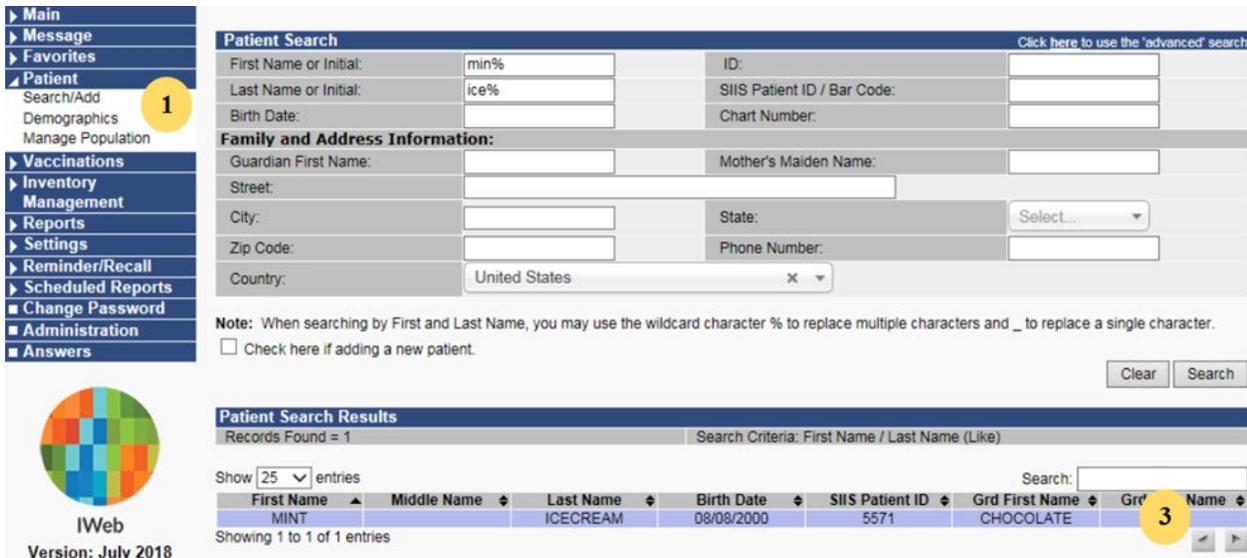


Edit Patient Demographics Quick Reference Guide

Steps to Follow:

1. Click Search/Add, located under the Patient panel.
2. Search the patient name.
3. Click the patient name to open the demographics section.
 - If the patient search result displays in red, patient has either consent denied or undetermined status.



Patient Search [Click here to use the 'advanced' search](#)

First Name or Initial: ID:

Last Name or Initial: SIIS Patient ID / Bar Code:

Birth Date: Chart Number:

Family and Address Information:

Guardian First Name: Mother's Maiden Name:

Street:

City: State:

Zip Code: Phone Number:

Country:

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.
 Check here if adding a new patient.

Patient Search Results
 Records Found = 1 Search Criteria: First Name / Last Name (Like)

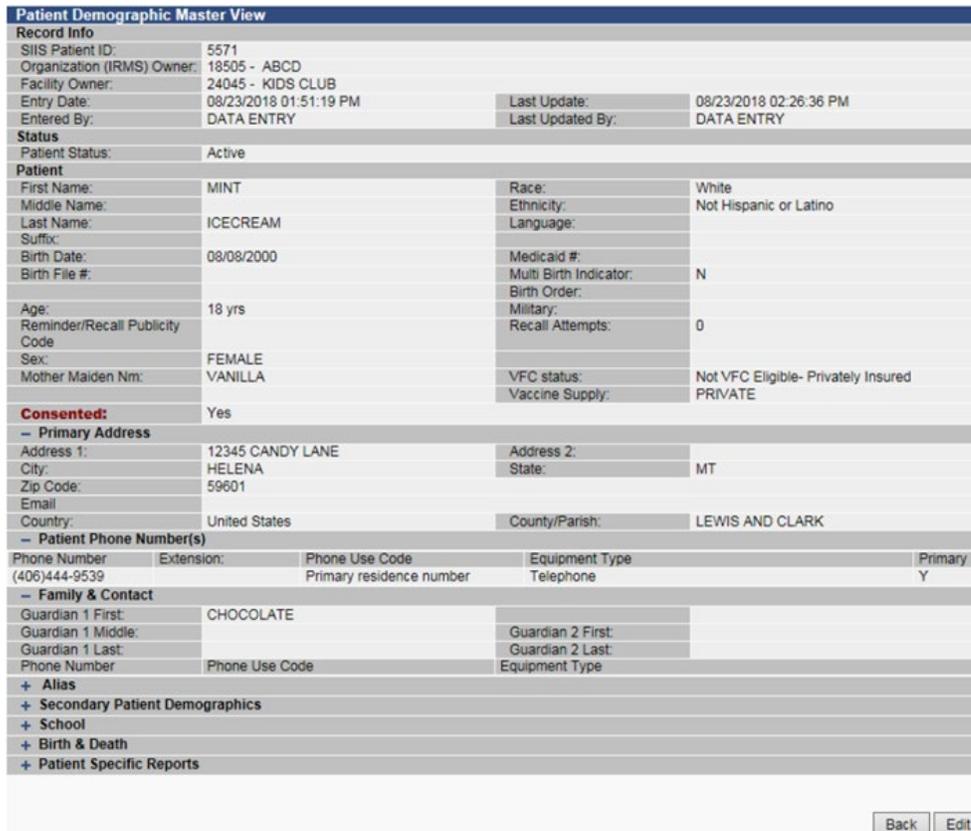
Show entries Search:

First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Middle Name	Grd Last Name
MINT		ICECREAM	08/08/2000	5571	CHOCOLATE		

Showing 1 to 1 of 1 entries

IWeb
Version: July 2018

4. Select Edit, on the bottom of the patient demographics screen.



Patient Demographic Master View

Record Info

SIIS Patient ID: 5571
 Organization (IRMS) Owner: 18505 - ABCD
 Facility Owner: 24045 - KIDS CLUB
 Entry Date: 08/23/2018 01:51:19 PM Last Update: 08/23/2018 02:26:36 PM
 Entered By: DATA ENTRY Last Updated By: DATA ENTRY

Status

Patient Status: Active

Patient

First Name: MINT Race: White
 Middle Name: Ethnicity: Not Hispanic or Latino
 Last Name: ICECREAM Language:
 Suffix:
 Birth Date: 08/08/2000 Medicaid #:
 Birth File #:
 Multi Birth Indicator: N
 Birth Order:
 Military:
 Recall Attempts: 0
 Age: 18 yrs
 Reminder/Recall Publicity Code:
 Sex: FEMALE VFC status: Not VFC Eligible- Privately Insured
 Mother Maiden Nm: VANILLA Vaccine Supply: PRIVATE

Consented: Yes

Primary Address

Address 1: 12345 CANDY LANE Address 2:
 City: HELENA State: MT
 Zip Code: 59601
 Email:
 Country: United States County/Parish: LEWIS AND CLARK

Patient Phone Number(s)

Phone Number	Extension	Phone Use Code	Equipment Type	Primary
(406)444-9539		Primary residence number	Telephone	Y

Family & Contact

Guardian 1 First: CHOCOLATE
 Guardian 1 Middle:
 Guardian 1 Last:
 Phone Number: Phone Use Code
 Guardian 2 First:
 Guardian 2 Last:
 Equipment Type

+ Alias
 + Secondary Patient Demographics
 + School
 + Birth & Death
 + Patient Specific Reports

5. Edit or update information.



Note: Certain demographic fields impact other parts of the system if a certain value is selected.

- **Consented:** if patient consent is “undetermined” or “no”, patients will not appear on Reminder/Recall outputs. If a patient is consent “no”, the patient will not be included in Reminder/Recall outputs, Patient Lists, or Reports.
- **Patient Phone Number:** one listed phone number must be designated “Primary” in order for any listed phone number to be an available contact method for Reminder/Recall outputs. **It’s best practice to capture patient phone number.**
- **Organizational Level:** if patient status is set to Inactive, the patient will not be automatically included in Reminder/Recall or Reports.
- **Reminder/Recall Publicity Code:** to include patients in any reminder/recall select “Reminder/Recall- any method” or leave as “—select—”. If other values are selected for the R/R Publicity Code field, the patient will not be included.

6. Select Save.

Patient Demographics Edit

Patient Status: Active
State Level: Active (Cascade)
County Level: Active (Cascade)
Organization Level: Active

Last Name: WEASLEY
First Name: RONALD
Middle Name:
Suffix: --none--
Birth Date: 03/01/2009
Birth File #:
Sex: MALE
Mother Maiden Name:
VFC Status: Not VFC Eligible
Military:
Comments:
Consented: Yes No Undetermined

Address
Address 1: 310 DIAGON ALLEY RD
Address 2:
City: GREAT FALLS
Country: United States
State: MT
Zip Code: 59401
County/Parish: CASCADE
Email:
Phone Number: (406)123-4567
Extension:
Phone Use Code: Primary residence numt
Equipment Type: Cellular phone
Primary: Add

Family & Contact
First Name:
Middle Name:
Last Name:
Contact Type: --select--
Guardian?
Address 1:
Address 2:
Country: United States
State: --select--
Zip Code:
Phone Number:
Phone Use Code:
Equipment Type: --select--
Email:
Add

First	Last	Type	Phone Number	Guardian?	Phone Use Code	Equipment Type
MOLLY	WEASLEY					

Alias
School
Birth & Death

Cancel Save

Note: Expand or collapse fields on the demographics screen using these buttons.

