

Note: This training guide will explain how to edit patient health screening questions and patient consent. Only clinic management and lead staff will be able to perform the outlined workflow. Please note, patients may have multiple records in PrepMod.

Steps to Follow:

1. Choose one of the following workflows to access the edit consent page
 - a. Via the Registration List Page, find the appropriate patient in the list by scrolling or using the search box and then click the **Edit Consent** button to the right of a patient's name

Registration List
TestAutomationVenue_gjplzxa
April 27, 2021 09:00 AM to 06:00 PM

Clinic Status: Upcoming > [Registration List](#) > [Virtual Queue](#) > [View/Edit Clinic](#) > [Activity Form](#) > [Activity Report](#) > [History](#)

Total Appointments: 810 Number Registered: 4 On Hold: 0 Available Appointments: 806 Waiting List: 0
[See Waiting List \(0\)](#)

Search: [Search](#)

[Email Vaccination Record](#) [Email Reminder](#) [Bulk View Consent](#) [Download Waiting List \(0\)](#) [Download Registration List](#)

[Bulk Cancel Appointments](#) [Add More Patients +](#)

| Name | Date of Birth | Age | Gender | Appointment Time | Occupation | First Dose Type | |
|--|---------------|------------|--------|------------------|------------|-----------------|---|
| TestFirstNameB_TestLastNameB | 1st | 07/25/1989 | 31 | Male | 10:00 am | Farmers | Email Reminder Edit Consent View Consent Cancel |

- b. Via the Clinic Activity Page: Find the appropriate patient in the list by scrolling or using the search box. Click the blue hyperlink of the patient's name and click the **Edit Consent** button at the bottom of the screen.

1b

| Patient Name | Vaccine # | DOB | Appointment Time | Vaccinated | Refused | Sick | Absent/Withdrawn | Remark | Actions |
|--|-----------|------------|------------------|----------------------------------|-----------------------|-----------------------|-----------------------|--------|---|
| TestFirstNameB_TestLastNameB | 1st | 07/25/1989 | 10:00 am | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | Remark Cancel |

Clinic Activity

| Date | Encounter/Event | Outcome | Remarks | Reported/Recorded By |
|------------|-----------------|---------|---------|----------------------|
| 04/21/2021 | Vaccinated | None | | Lead Clinic Staff |

[Edit Consent](#) [View Consent](#) [Back to records](#)

- c. Via the Records Search page: Find the appropriate patient in the list using the search box. Click the blue hyperlink of the patient's name and click the **Edit Consent** button at the bottom of the screen.

Patients Search

Keyword: Date Of Birth: [Search](#) [Reset](#)

| Id | Name | Date of Birth | Age | Gender | |
|------|---------------------------|---------------|-----|--------|---|
| 2543 | Baby Bear | 06/15/2005 | 16 | Female | Edit Enter Encounter Delete |

2. The following patient data fields are able to be edited:
 - a. Health screening questions
 - b. Updating which vaccine the patient is consenting to receive
 - c. Consent to be vaccinated
 - d. imMTrax consent

➤ Note: patient imMTrax consent status should be edited **before** clicking the **Save/Submit** button to send patient records
3. Click the **Save and Continue** button to update the patient record.

Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies? *

Yes No I don't know

Do you have a bleeding disorder or are you taking a blood thinner? *

Yes No I don't know

Are you pregnant or breastfeeding? *

Yes No I don't know

2a

Do you have dermal fillers? *

Yes No I don't know

IMPORTANT

If you receive the Janssen COVID-19 Vaccine vaccine, you will receive one dose and not require a second dose. If you receive the Moderna COVID-19 Vaccine vaccine, you should receive a second vaccination 4 weeks (28 days) later. Your second dose should also be the Moderna COVID-19 Vaccine vaccine. If you receive the Pfizer-BioNTech COVID-19 Vaccine vaccine, you should receive a second vaccination 3 weeks (21 days) later. Your second dose should also be the Pfizer-BioNTech COVID-19 Vaccine vaccine.

Vaccines for: Consent B Test *

2b

Janssen COVID-19 Vaccine Moderna COVID-19 Vaccine Pfizer-BioNTech COVID-19 Vaccine

2c

Consent for Vaccination - You Must Sign This to be Vaccinated

* By signing this form, I am requesting vaccination services for myself and/or the persons identified, of whom I am authorized to sign. A copy of the appropriate Centers for Disease Control and Prevention Vaccine Information Statement(s) has been provided. I have read the information about the disease(s) and the vaccine(s) listed. I believe that I understand the benefits and risks of the vaccine(s) cited and ask that the vaccine(s) listed be given to me or to the person named (for whom I am authorized to make this request).

2d

I authorize this health care provider and a public health agency to collect and enter immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my or my child's health care providers to assist in medical care and treatment. In addition, information may be released to child care facilities or schools in order to comply with immunization requirements. I understand that I can revoke this authorization and have my or my child's record removed at any time by contacting the State of Montana Immunization Program.

3

Save and Continue