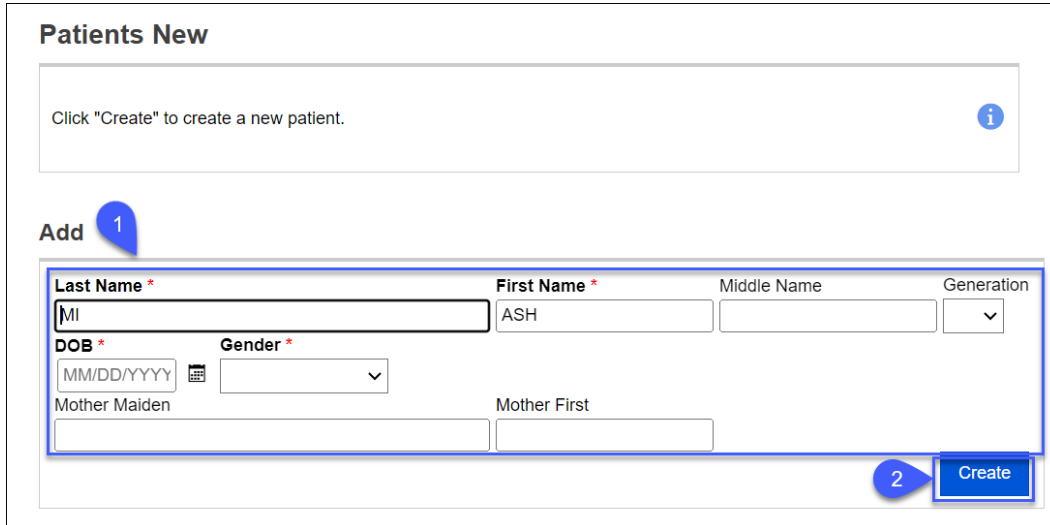


Add New Patient and Patient Demographics

The minimum requirements for creating a new patient include **Last Name**, **First Name**, **DOB** and **Gender**. The information you entered on the **Patient Search** screen auto-populates to the **Patients New** screen.



1. Enter the required information for the patient.
NOTE: Additional information can be entered as available
2. Click **Create**. The **Patient Demographics** screen displays.

Patient Demographics

The **Patient Demographics** screen allows for entry or updates of personal characteristics such as name, date of birth, race, ethnicity, birth information and contact information (phone, email, emergency contact, etc.).

NOTE: This QRS takes you through the data entry of **required fields** found on the **Patient Demographics** screen. Any additional details you have available for the patient should be entered.

Patient Information

The fields captured during the patient search auto-populate in most of the required fields.

Patient Information

Last Name * MASON **First Name *** RICHARD Middle Name Generation Title/Credential

Gender * MALE **DOB *** 01/04/1952 Birth Time (HH:MM AM/PM) (HH:MM A/P)

Patient Level Eligibility * ▼ 1

Verato ID

Language

English Speaking? Interpreter Needed?

History of Varicella: NO HISTORY OF VARICELLA Date of Varicella: MM/DD/YYYY

1. Select the patient's eligibility level.

NOTE: The PIERS application does not allow a patient over the age of 18 to be set as VFC eligible.

Mailing Address

Addresses are collected in a defined format and there are two sets of addresses required for the patient. The first one is the mailing address.

Address is Unavailable or Temporary Do Not Include Patient in Reminder/Recall

Mailing Address 1

Address Line 1 *

Address Line 2

City * 2 Out of State City **County *** 3 Out of State County

BEGIN TYPING CITY HERE 4 BEGIN TYPING COUNTY HERE 5

State * 4 Country **Zip Code *** 99999-9999 5

NOTES: If the patient's address is unavailable or temporary, select the **Address is Unavailable or Temporary** checkbox. To flag the patient's record to not be included in a reminder or recall, select the **Do Not Include Patient in Reminder/Recall** checkbox. Reminders and recalls are not sent when this is selected.

1. Enter the patient's address or PO box information in **Address Line 1**.
2. Begin typing the name of the city in the **City** field and select the appropriate city from the list.
3. Begin typing the county name in the **County** field and select the appropriate county from the list.
4. In the **State** field, select the appropriate **State** from the available drop-down list.
NOTE: Pennsylvania displays at the top of the list
5. Enter the zip code in the **Zip Code** field.

Physical Address

The physical address is the second set of information being recorded on the patient's record. The required fields are the same as those entered for the mailing address.

Copy Mailing Address To Physical Address	Clear Mailing Address
Copy Physical Address To Mailing Address	Clear Physical Address

Physical Address

Address Line 1 * 1

Address Line 2

City * Out of State City County * Out of State County

BEGIN TYPING CITY HERE BEGIN TYPING COUNTY HERE

State * Country Zip Code *

 99999-9999

NOTES:

There are four buttons that display before the entry of the physical address.

- **Copy Mailing Address To Physical Address** - This button allows you to quickly copy the mailing address into the physical address fields
- **Clear Mailing Address** - This button allows you to clear all of the fields in the mailing address section
- **Copy Physical Address To Mailing Address** - This button works in reverse and allows you to quickly copy the physical address into the mailing address fields
- **Clear Physical Address** - This button allows you to clear all of the fields in the physical address section

1. Complete the required fields as described in the **Mailing Address** section.

NOTE: If the physical address is the same as the mailing address click the **Copy Mailing Address To Physical Address** button to populate the fields.

Race/Ethnicity

Ethnicity * ▼ 1

Race(s) * : choose up to 5 2 3

▼	
▼	
▼	
▼	
▼	

1. Select the ethnicity of the patient from the **Ethnicity** drop-down list.
2. Select up to 5 races from the **Race(s)** drop-down list.
NOTE: The race drop-down list contains all standard races.
3. A comment can be entered in the text field to the right of the selected race.

Save the Patient Demographics

When all the demographics are entered for the patient, return to the top of the **Patient Demographics** screen to save and update the information.

Patient Demographics ? i Cancel Links ▼ 1 Update

1. Click **Update** to save the patient demographics. The **SmartyStreets** validation reviews the mailing address and recommends any changes.

Mailing Address Validation 2

Address Entered	Recommended Address
528 RURAL AVENUE WILLIAMSPORT PA 17701 COUNTY: LYCOMING	528 RURAL AVE WILLIAMSPORT PA 17701 COUNTY: LYCOMING

Results

- City/state/ZIP + street are all valid.
- ZIP+4 matched; confirmed entire address; address is valid.


Notes

- The delivery address was standardized. For example, if STREET was in the delivery address, SmartyStreets will return ST as its standard spelling.

Cancel Keep Address Entered 3 Use Recommended Address



2. Review the **Recommended Address**.
3. Click **Use Recommended Address**. The address change is reflected in **Address Line 1**.



Mailing Address

Address Line 1 * 
528 RURAL AVE

Address Line 2
[Empty]

City * [WILLIAMSPORT] **Out of State City** [Empty] **County *** [LYCOMING] **Out of State County** [Empty]


Patient Demographics   Cancel Links Settings **Update**

Copy Mailing Address To Physical Address Clear Mailing Address



Copy Physical Address To Mailing Address Clear Physical Address

Physical Address

Address Line 1 * 
528 RURAL AVE

Address Line 2
[Empty]

City * [WILLIAMSPORT] **Out of State City** [Empty] **County *** [LYCOMING] **Out of State County** [Empty]

State * [PENNSYLVANIA] **Country** [LYCOMING] **Zip Code *** [17701]  

4. Click **Copy Mailing Address to Physical Address**. The **Physical Address** updates to coincide with the **Mailing Address**.
5. Click **Update**.
 - A message displays if any required fields are omitted or inaccurately completed; or The **Success** message displays if all entries have been accepted

