

Manage Clients

Purpose of this document

Background: Clients are the patients who receive immunizations. Their immunization records are entered and found in the Wisconsin Immunization Registry, or WIR. WIR users can add and edit client information. Providers are responsible for reviewing client information in WIR and ensuring the information is accurate and up to date.

Most WIR user roles can add and edit client information, *except*:

- IR HMO (however, IR HMO Typical users can add and edit client information).
- IR Reports Only.

The IR Mass Vaccination user role can add and edit client information by selecting the links under the Mass Vaccination section on the menu panel.

The IR Reports Only user role can only view the client reports such as Vaccine Administration Record, Complete Immunization Record, and Immunizations Needed Report. Reports Only users can only view these reports; they cannot edit any client information.

Topics Covered: Finding Clients, Entering New Clients, Managing Clients, Vaccine Administration Record, Complete Immunization Record, Immunizations Needed Report

After reviewing this document, you should be able to:

- Find a client.
- Enter a new client if no client record is found.
- Edit client information.
- View the client's vaccine administration record (VAR or signature form).
- View the client's complete immunization report.
- View immunizations recommended by WIR.

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Finding clients

Important: Always search for an existing client record before adding a new client in WIR. WIR receives birth record downloads from the Wisconsin Vital Records Office, so you should attempt to find a client in WIR before entering them as a new client. However, WIR will attempt to deduplicate client records (compare entered information against information saved to the registry for duplicate clients) before saving the information on the **Enter New Client** Screen.


Manage Client vs. Manage Immunizations: These both use the same client search function.

- **Manage Client** will display the **Manage Client** screen, which consists of the client's demographic information, responsible person(s), etc.
- **Manage Immunizations** will display the client's **Immunization History** screen.

1) Select **Manage Client** under the **Clients** section of the menu panel.



2) In the **Client Search Criteria** screen, you have several fields to search for your client. It is best to first look up the client by the first four characters of their last name and first three characters of their first name.

Client Search Criteria	
Last Name / Barcode	Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> N/A
First Name	SSN <input type="text"/> - <input type="text"/> - <input type="text"/>
Middle Name	Phone <input type="text"/> - <input type="text"/> - <input type="text"/>
Mother's Maiden Last	Chart # <input type="text"/>
Mother's First Name	
Birth Date 	

- Last Name/Barcode: We recommend that you supply four characters of the last name only.
- First Name: We recommend that you supply three characters of the first name only.

3) Select the **Find** button.

Client Search Criteria


Last Name / Barcode

First Name

Middle Name

Mother's Maiden Last

Mother's First Name

Birth Date


Gender
☐ M
☐ F
☐ N/A

SSN
 - -

Phone
 - -

Chart #

Find

- If multiple matches are found and you are unable to determine which client record is the correct match, you can add more criteria to the client search to narrow down the results, such as:
 - DOB can be used to narrow down common last name and first name combinations.
 - SSN will produce a single name match. SSN must have been entered previously. Many providers do not enter the SSN in WIR for security reasons.
 - Phone number is not recommended because phone numbers may change over time or not be entered in WIR.
 - Chart # will produce a single name match. Chart # must have been entered previously. Chart numbers are organization-dependent; you can only search for your organization's chart number.

4) After you select **Find**, there are 3 possible results.

- a) If multiple matches are found, the matches will display in a table under the Client Search Criteria box. Select the correct client's last name, underlined and in blue. Selecting the client's last name will take you to the **Manage Client** screen.

Last Name	First Name	Middle Name	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender	Telephone
<u>CLIENT</u>	IMA	BONNIE	02/02/1974		DOE	JANE	F	
<u>CLIENT</u>	IMA	Q	10/13/1980		MARIE	SMITH	F	555-4444

- b) If only one client matches your search, the **Manage Client** screen for that individual will display automatically.

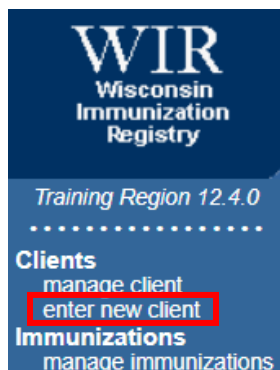
- c) If no clients match your search, you will see a message that reads **No clients were found for the requested search criteria.**

Last Name	First Name	Middle Name	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender	Telephone
No clients were found for the requested search criteria.								

Recheck the information you entered for accuracy. If you determine that the client has not been entered into WIR, proceed to enter the new client.

Entering client information using Enter New Client

- 1) Once you have searched for the client and determined that the client is new to WIR, select **Enter New Client** under the **Clients** section of the menu panel.



- 2) The **Enter New Client** and **Manage Client** screens are divided into four parts: **Personal Information** header, **Client Information** tab, **Responsible Person(s)** tab, and **Client Comment(s)** tab.

Note: This screen displays differently from the **Enter New Client (MV) (Mass Vaccination)** screen, which only has the **Personal Information** and **Responsible Person** parts.

Personal Information		Save
Last Name	SSN	History/Recommend
First Name	Gender <input type="radio"/> M <input type="radio"/> F <input checked="" type="radio"/> Unknown	Record Immunization
Middle Name	Birth Date	Add Next
Suffix	County	Cancel
Mother's Maiden Last	Country of Birth	
Mother's First Name		

Client Information	Responsible Person(s)	Client Comment(s)
Chart #	Tracking Schedule	
Ethnicity	Status	
Race	Allow Sharing of Immunization Data?	
Provider-PCP	Allow Reminder and Recall Contact?	
School		
Funding Programs/Eligibilities	Selected Programs/Eligibilities	
Insurance Providers	Selected Providers	

Personal Information header

Personal Information		Save
Last Name	Client	History/Recommend
First Name	Ima	Record Immunization
Middle Name	Jane	Add Next
Suffix		Cancel
Mother's Maiden Last	Johnson	
Mother's First Name	Jill	
SSN		
Gender	<input type="radio"/> M <input checked="" type="radio"/> F <input type="radio"/> Unknown	
Birth Date	01/01/1990	
County		
Country of Birth	UNITED STATES	

- All fields shown in a blue font are required. All other fields are optional.
- Mother's Maiden Last and Mother's First Name fields are optional but recommended.
- Adding the client's SSN or chart # (Health Care Member ID) will make it possible for the client to search for and view their own immunization record on WIR's Public Immunization Record Access site.
- You are not able to save only the personal information of the client on the **Enter New Client** screen. If you select **Save** at this point, the following popup error message displays:

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Please enter the Relation for this Responsible Person.

OK

Once you receive this error, the **Responsible Person(s)** tab will automatically display. You are required to enter at least one Relation under the **Responsible Person(s)** tab before you can save the client record. The Relation can be Self for the client's information, if the only responsible person is the client themselves.

Client Information tab

- The **Client Information** tab will display on the **Enter New Client** screen first.

Client Information	Responsible Person(s)	Client Comment(s)
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"/>		Allow Sharing of Immunization Data? <input type="text" value="Yes"/>
Provider-PCP <input type="text"/>		Allow Reminder and Recall Contact? <input type="text" value="Yes"/>
School <input type="text"/>		
Funding Programs/Eligibilities <div> <div> Eligibility Not Det/Unknown Insured, Vaccine covered Medical Assistance </div> <div> Add > < Remove </div> </div>		Selected Programs/Eligibilities <input type="text"/>
Insurance Providers <div> <div> AMERICAN DENTAL PLAN OF WISCONSII Advocare Atrium Health Plan Inc </div> <div> Add > < Remove </div> </div>		Selected Providers <input type="text"/>

- All fields shown in a blue font (**Tracking Schedule** and **Funding Programs/Eligibilities**) are required. All other fields are optional.
 - Chart #:** This is your organization's chart number for the client. A client may have multiple chart numbers associated with their record; the chart number that displays depends on which organization is viewing the client record. Adding the client's SSN or chart # (Health Care Member ID) will make it possible for the client to find their own immunization record on WIR's Public Immunization Record Access site.
 - Ethnicity:** Choose from the dropdown.
 - Race:** Choose from the dropdown.
 - Provider (PCP):** Choose the client's primary care physician (PCP) from the dropdown, if provided. This information is only used for reporting.
 - School:** Choose the client's school from the dropdown, if provided. This information is only used for reporting.
 - Tracking Schedule:** Choose the immunization tracking schedule that is being used for this client from the dropdown. This required field defaults to the Advisory Committee on Immunization Practices (ACIP) schedule.
 - Status:**
 - Active: This client is associated with your organization, meaning they are receiving services from your organization.

Note: Most organizations that select Active status but have not yet administered an immunization to the client will have their status display as a blank. Once your organization administers an immunization to the client, the status will display as Active.

- Inactive: Inactive for your organization only. This information affects reminder and recall notices, and Clinic Assessment Software Application (CASA) and Health Plan Employer Data and Information Set (HEDIS) reporting.

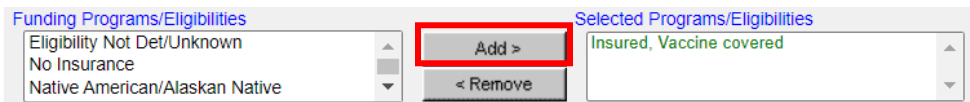
Note: Division of Public Health and city and county public health departments can also choose the status "Moved Out of Jurisdiction," which keeps the client from being associated with the local jurisdiction.

- Permanently Inactive – Deceased: This status will inactivate the client for **all** organizations using WIR. Only choose this option if you know the client is deceased.

Important: Once a status of Permanently Inactive – Deceased has been entered in the Status field, the field can no longer be edited. To change a status of Permanently Inactive – Deceased, contact the [WIR Helpdesk](#).

- **Allow Sharing of Immunization Data?**
 - Yes: All organizations in WIR will be able to access this immunization record.
 - No: The record will be accessible only by your organization. All other organizations trying to access the record will receive a message referring them to your organization for further client information.
- **Allow Reminder and Recall Contact?**
 - Yes: Allow reminder and recall notices to be sent to this client's responsible person(s).
 - No: The parent or responsible person chooses not to have reminder and recall notices sent.
- **Funding Programs/Eligibilities:** This is a required field that gives information on the client's eligibility to receive publicly funded vaccines.

To select an insurance type or funding program, highlight the appropriate funding source in the left box by selecting it, then select the **Add** button to move it to the box on the right. Multiple funding programs or eligibilities may be selected, but **you must select at least one funding program or eligibility for the client.**



- **Insurance Providers:** To select an insurance provider, highlight the appropriate provider in the left box by selecting it, then select the **Add** button to move it to the box on the right. Multiple insurance providers may be selected. This information is used for HEDIS reporting.

Insurance Providers		Selected Providers
Primecare Health Plan Inc	Add > < Remove	Blue Cross & Blue Shield United of WI
Professional Benefits Administration		Professional Dental Plan Inc
Protective Dentalcare Inc		

Responsible Person(s) tab

- Select the **Responsible Person(s)** tab to display the Responsible Person information and identify client contact information and the person(s) to whom you may send reminder and recall notices.

Client Information **Responsible Person(s)** Client Comment(s)

Responsible Person Listing

Select	Last Name	First Name	Relationship	City	Notices	Primary	Address Validation

New Copy Delete

Enter New Responsible Person ...

Last Name Street Address Next

First Name Other Address Cancel

Middle Name P.O. Box

Relation City

Phone (prim) -- State WI Zip +4

Extension Type E-Mail

Phone (sec) -- Language

Extension Type Notices? ☐ Primary? ☐

- The only required field is Relation. However, if you want notices sent to a responsible person, you will need to fill in the person's first and last name and full address, then check the Notices box.**
- To enter a new responsible person, do the following:
 - Select the **New** button.
 - Under **Enter New Responsible Person...** enter the client's responsible person contact information.
 - If this responsible person wants to receive reminder and recall notices, check the **"Notices?"** checkbox.
 - If you want the responsible person's address to be considered the "primary" address and to appear on client reports and on client screen headers, check the **"Primary?"** checkbox.
 - Important: If the "Primary?" checkbox on the Responsible Person tab is checked, then WIR will use the address of the Primary Responsible Person when creating reminder and recall letters or other report output.**



- b. If a Primary Responsible Person is not selected for the client, WIR will try to determine the primary address, prioritizing the last updated address. If the addresses were updated on the same day, it will first prioritize the address of the responsible person with the "Self" Relation, and then the addresses of other responsible person(s) on the client record.
5. To save the information you entered in the Responsible Person listing, select the **Save** button in the upper right-hand corner. The screen will display a confirmation message ****Client Updated**** to indicate the responsible person has been saved to the client's record. You should select the **Responsible Person(s)** tab to verify the information has been saved.

Personal Information
Client Updated

Last Name
SSN
 - -

First Name
Gender
☐ M ☒ F ☐ Unknown

Middle Name
Birth Date

Suffix
County

Mother's Maiden Last
Country of Birth

Mother's First Name
Last Notice

Save
History/Recommend
Record Immunization
Reports
Cancel

Last Updated by: City of Milwaukee Health Department on 06/13/2022

Client Information
Responsible Person(s)
Client Comment(s)

Responsible Person Listing

Select	Last Name	First Name	Relationship	City	Notices	Primary	Address Validation
<input checked="" type="radio"/>	JOHNSON	JILL	Mother	KENOSHA	Yes	Yes	City
<input type="radio"/>							
<input type="radio"/>							

New
Copy
Delete

Details for Responsible Person: JILL JOHNSON

Last Updated:
Address only validate to city

Last Name
First Name
Middle Name
Relation
Phone (prim)
 - -
Extension
Phone (sec)
 - -
Extension

Street Address
Other Address
P.O. Box
City
State
Zip
 +4
E-Mail
Language

Notices? ☒
Primary? ☒

Next
Cancel

6. To add a new responsible person, select the **New** or **Next** button and repeat steps 1–5.

Client Information Responsible Person(s) Client Comment(s)

Responsible Person Listing

Select	Last Name	First Name	Relationship	City	Notices	Primary	Address Validation	
<input checked="" type="radio"/>	JOHNSON	JILL	Mother	KENOSHA	Yes	Yes	City	New
								Copy
								Delete

Details for Responsible Person: JILL JOHNSON

Last Updated: **Address only validate to city**

Last Name	JOHNSON	Street Address	123 Main St	Next
First Name	JILL	Other Address		Cancel

7. To clear existing information and enter a new responsible person, select the **New** button.
 8. To cancel unsaved information you entered, select the **Cancel** button.
- To copy a responsible person's information to use to add a new person (for example, an individual with some of the same contact information), do the following:
 1. On the Responsible Person tab, select the radio button that corresponds with the responsible person's record, then select the **Copy** button.

Client Information Responsible Person(s) Client Comment(s)

Responsible Person Listing

Select	Last Name	First Name	Relationship	City	Notices	Primary	Address Validation	
<input checked="" type="radio"/>	JOHNSON	JILL	Mother	KENOSHA	Yes		City	Copy
<input type="radio"/>	CLIENT	IMA	Self	KENOSHA	No		City	Delete

- The selected person's information will copy to a new responsible person record. Edit the person's information for the new responsible person and select **Save** or **New**.

Personal Information (not dormant) **Client Updated**

Last Name: CLIENT SSN: - - Gender: ☐ M ☒ F ☐ Unknown Birth Date: 01/01/1990 County: KENOSHA Country of Birth: UNITED STATES

First Name: IMA Middle Name: JANE Suffix: Mother's Maiden Last: JOHNSON Mother's First Name: JILL Last Notice:

Last Updated by: WIR Physicians on 06/14/2022

Client Information **Responsible Person(s)** **Client Comment(s)**

Responsible Person Listing

Select	Last Name	First Name	Relationship	City	Notices	Primary	Address Validation
<input type="radio"/>	JOHNSON	JILL	Mother	KENOSHA	Yes	Yes	Zip Code
<input type="radio"/>	CLIENT	IMA	Self	KENOSHA	No		City
<input checked="" type="radio"/>	JOHNSON	JACK	Father	KENOSHA	Yes		Zip Code

Details for Responsible Person: JACK JOHNSON

Last Updated: Address only validated to zip code

Last Name: JOHNSON First Name: JACK Middle Name: Relation: Father Phone (prim): 608 - 888 - 5555 Extension: Type: City: KENOSHA State: WI Zip: 53140 +4 E-Mail: Language: ENGLISH Notices? ☒ Primary? ☐

Street Address: 123 Main St Other Address: P.O. Box: City: KENOSHA State: WI Zip: 53140 +4 E-Mail: Language: ENGLISH Notices? ☒ Primary? ☐

Buttons: Save, History/Recommend, Record Immunization, Reports, Cancel, New, Copy, Delete, Next, Cancel

- To delete a responsible person's record (for example, the responsible person is no longer responsible for the client), do the following:
 - Select the radio button that corresponds with the responsible person's record you wish to delete, then select the **Delete** button.

Client Information **Responsible Person(s)** **Client Comment(s)**

Responsible Person Listing

Select	Last Name	First Name	Relationship	City	Notices	Primary	Address Validation
<input type="radio"/>	JOHNSON	JILL	Mother	KENOSHA	Yes	Yes	Zip Code
<input type="radio"/>	CLIENT	IMA	Self	KENOSHA	No		City
<input checked="" type="radio"/>	JOHNSON	JACK	Father	KENOSHA	Yes		Zip Code

Buttons: New, Copy, Delete

2. A popup will display asking "Are you sure you would like to DELETE this Responsible Person?" Select **OK** to confirm deletion of the Responsible Person from the listing.

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About to Delete JACK JOHNSON from the Responsible Person Listing.
Are you sure you would like to DELETE this Responsible Person?

OK Cancel

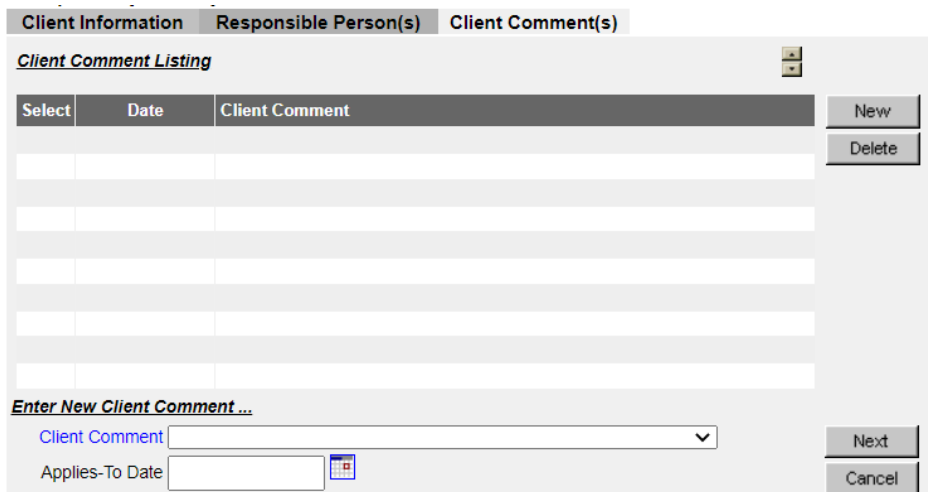
3. The deleted person's record will no longer display in the Responsible Person Listing.

Client Information		Responsible Person(s)		Client Comment(s)			
Responsible Person Listing							
Select	Last Name	First Name	Relationship	City	Notices	Primary	Address Validation
<input checked="" type="radio"/>	JOHNSON	JILL	Mother	KENOSHA	Yes	Yes	Zip Code
<input type="radio"/>	CLIENT	IMA	Self	KENOSHA	No		City
							New
							Copy
							Delete

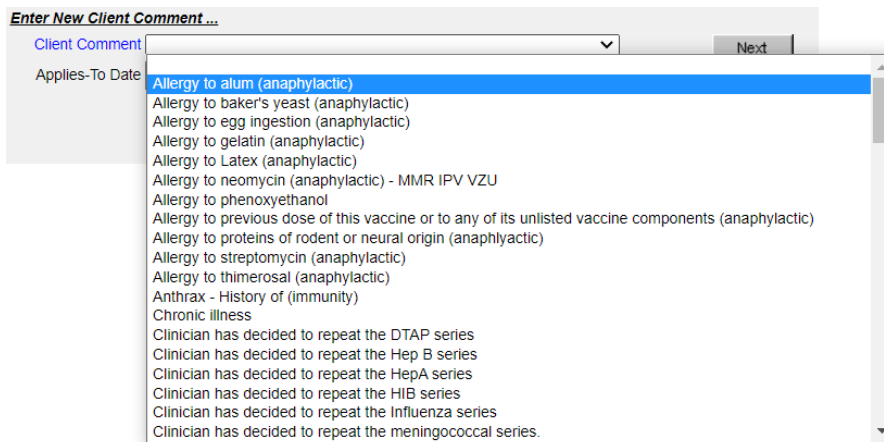
- **County** field on the **Personal Information** header:
 - The client's county is displayed as read-only when a primary responsible person's address has been validated to the street level.
 - To edit the County field, delete addresses associated with a client by following these steps:
 - a. Select the **Responsible Person(s)** tab.
 - b. Select the radio button of the record to be deleted.
 - c. Select the **Delete** button.
 - d. A popup confirmation message will display. Select the **OK** button.
 - e. Select the **Save** button next to the **Personal Information** header.
 - f. The **County** field may be edited once no address is associated with the client. If other addresses are still associated with the client, WIR will determine the primary address and populate the **County** field accordingly.

Client Comment(s) tab

- Select the **Client Comment(s)** tab to enter comments and contraindication information for a client. The comments must be selected from a dropdown list (pick list); there is no option to enter free-form client comments or notes.



- To enter a new client comment:
 - Choose the appropriate comment or contraindication from the **Client Comment** dropdown list.



- Enter the date to which the comment refers to in the **Applies-To Date** field (MMDDYYYY format or use the popup calendar by selecting the calendar icon).
- Select the **Next** button to add the client comment to the Client Comment Listing.



4. The new comment will display in the Client Comment Listing at the top of the tab, along with a count of how many comments are in the Client Comment Listing. Please note, these client comments will save without selecting the **Save** button for the client record in the upper right-hand corner. You only need to select the **Next** button.
5. To clear unsaved information and enter a new comment, select the **New** button.
6. To cancel unsaved information you entered, select the **Cancel** button.

Client Information

Responsible Person(s)

Client Comment(s)

Client Comment Listing

1-2 of 2

Select	Date	Client Comment
<input type="radio"/>	01/01/1992	Allergy to alum (anaphylactic)
<input checked="" type="radio"/>	06/01/1996	History of Chicken Pox/Varicella

Enter New Client Comment ...

Client Comment

Applies-To Date

New

Delete

Next

Cancel

- To delete an existing comment:
 1. Select the radio button that corresponds with the comment you wish to delete, then select the **Delete** button.

Client Information

Responsible Person(s)

Client Comment(s)

Client Comment Listing

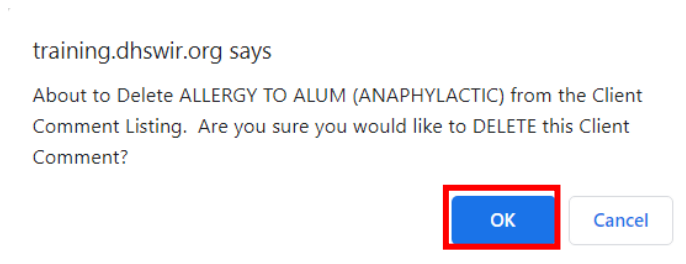
1-2 of 2

Select	Date	Client Comment
<input checked="" type="radio"/>	01/01/1992	Allergy to alum (anaphylactic)
<input type="radio"/>	06/01/1996	History of Chicken Pox/Varicella

New

Delete

2. A popup will display asking "Are you sure you would like to DELETE this Client Comment?" Select **OK** to confirm deletion of the Client Comment from the listing.



3. The deleted client comment will no longer display in the Client Comment Listing.

Client Information	Responsible Person(s)	Client Comment(s)
Client Comment Listing 1-1 of 1		
Select	Date	Client Comment
<input checked="" type="radio"/>	06/01/1996	History of Chicken Pox/Varicella

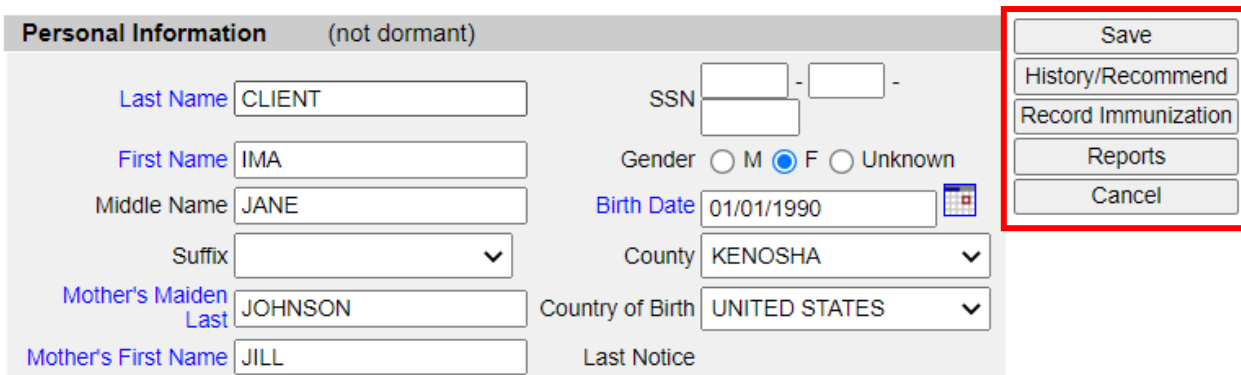
New Delete

Notes about client comments

- Client refusal of vaccine comments
 - WIR users can record multiple refusals of vaccines by entering an Applies-To Date for each refusal.
 - Any organization may view or add new refusals, but only the organization that owns (added) the refusal may edit or delete it.
 - An appropriate Applies-To Date must be entered for refusal comments on the Client Comments tab to be calculated correctly on assessment and benchmark reports.
- Restart comments ("Clinician has decided to restart the <<disease group>> series")
 - If an Applies-To Date is specified, all vaccinations prior to that date are not evaluated as part of the series. Any doses recorded on or after the Applies-To Date will be evaluated as if they were the first doses received for that vaccine group.
- Immunity comments ("<<Disease group>> - History of (immunity)")
 - Immunity comments are linked to vaccine group recommendations.
 - If a client has an immunity comment and an Applies-To Date is specified, a recommendation for that vaccine group will not display on the client's record.

Saving client information

There are several buttons to save information on the **Manage Client** and **Enter New Client** screens next to the **Personal Information** header:



- **Save** button: This button saves all information fields (all fields within the **Personal Information** header, **Client Information** tab, **Responsible Person(s)** tab, and **Client Comment(s)** tab) to the WIR database. Once the client data is saved, the message ****Client Updated**** will appear at the top of the Personal Information header.
- **History/Recommend** button: This button saves all information fields and goes to the **Immunization History** screen.
- **Record Immunization** button: This button saves all information fields and goes to the **Record Immunization** screen. It allows you to bypass the history screen for a client and go directly to adding immunizations.
- **Reports** button: This button saves all information fields and goes to the **Reports Available for this Client** screen, so that a Vaccine Administration, Complete Immunization, or Immunizations Needed report can be run for the client.
- **Cancel** button: This button clears all entered information from all tabs and does not save it to WIR. The **Find Client** or **Enter New Client** screen is displayed.

Important: Make sure that all client information, responsible person(s), and client comment(s) have saved to the client's record with accurate details and contact information. Regularly review and update all information in the client record to make sure it is current. It is the provider's responsibility to keep the client record up to date.

Deduplicating client records

- After you enter a new client and save the data, WIR initiates a process to ensure that the client information you entered does not duplicate a client that already exists in WIR.
- If after attempting to add a new client you receive the message **"Single Client Match Detected,"** WIR has determined that the client you are attempting to add already exists in WIR. You should select the client record by selecting the link provided.
- If after attempting to save a new client you receive the message **"Client Match Detected,"** you should read the message and proceed carefully. A table below the message box contains one or more potential matches within WIR. Select each last name to display his or her information.
- WIR will identify matching clients even if the client has had a name change; therefore, if you do receive a list of potential matches, select the link(s) to determine whether one of the existing records matches your client's information.

Client Match Detected

Based on the information you entered, your client is likely already in WIR and is one of the clients listed below. Please review the demographic information for each of these clients and if none of them appears to be your client, you may then click the **Create New Client** button.

Please keep in mind that if you choose to ignore a client match and create a new record, that client will have two records in WIR, neither of which will be complete and accurate!

Create New Client

Possible Client Matches:1

Last Name	First Name	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender	Telephone
CLIENT	IMA	01/01/1990	789789	JILL	JOHNSON	F	555-5555

- If after reviewing all the names given in the table, you do not find a match for your client, select the **Create New Client** button. A confirmation box will appear; select **OK**.

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Are you sure you would like to OVERRIDE the System Match?

OK

Cancel

Important: Every effort should be made to keep WIR records as complete and accurate as possible. Please review the information in existing records to confirm that there is one record per client in WIR. Be aware that if you do override the listed matches and create a duplicate record for a client, it will be difficult to manage the client's immunization and personal information, and the registry will lose its accuracy and efficiency. If you discover records in WIR that need to be merged or separated, please contact the WIR Helpdesk.

Vaccine Administration Record (VAR or signature form)

This report displays the client's demographics, registry data, contact information, immunization history, as well as immunization inventory available at a specified site for your organization. The responsible person's and clinician's signatures are also gathered on this form. The report opens as a PDF file.

- 1) Follow the instructions under the "Finding Clients" section at the beginning of this guide.
- 2) The **Manage Client** screen will display. Select the **Reports** button next to the **Personal Information** header.

Personal Information (not dormant)

Last Name CLIENT

First Name IMA

Middle Name JANE

Suffix

Mother's Maiden Last JOHNSON

Mother's First Name JILL

SSN - -

Gender ☐ M ☒ F ☐ Unknown

Birth Date 01/01/1990

County KENOSHA

Country of Birth UNITED STATES

Last Notice

Save

History/Recommend

Record Immunization

Reports

Cancel

- 3) Select the site where vaccine is being administered, then select the blue hyperlink that says **Vaccine Administration** to view the client's vaccine administration record.

Reports Available for this Client		
Report	Description	Additional Information
Vaccine Administration	Displays demographics, contact information, immunization history, as well as immunizations available.	<div> Site WIR Physicians </div> <div> Language ENGLISH </div> No signed documents with this provider.
Complete Immunization	Displays demographics, registry data, contact information, as well as detailed immunization history.	None
Immunizations Needed	Displays demographics, contact information, immunization history, as well as immunizations needed.	None

Wisconsin Immunization Registry



WISCONSIN DEPARTMENT
of HEALTH SERVICES


4) Example of Vaccine Administration Record (2 pages):

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
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STATE OF WISCONSIN
Wis. Stats. 252.04
15 June 2022

Wisconsin Immunization Registry
Organization: WIR Physicians Site: WIR Physicians
Vaccine Administration Record

Information collected on this form will be used to document authorization for receipt of vaccine(s). Information may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with the patient to assure completion of the vaccine schedule. Information collected on this form is voluntary and the Social Security Number will be used by parent or guardian to access the Wisconsin Immunization Registry.

CLIENT ID 		CHART NUMBER 789789	
Patient's Name (Last, First, Middle) CLIENT, IMA, JANE		Current Age 32 years, 5 months, 14 days	Date of Birth (mm/dd/yyyy) 01/01/1990
Social Security Number	Gender Female	Ethnicity (Check One) Not Hispanic or Latino	
Race (Check One) Asian			
Mother's (if married, patient's) Maiden Name (Last, First, Middle) JOHNSON, JILL			
Name of Physician (First Last) Fred Van		County Primary Address KENOSHA	Country of Birth UNITED STATES
Name of Parent or Guardian Responsible for Patient (Last, First, Middle) JOHNSON, JILL		Relationship to Patient Mother	
Address 123 Main St		P.O. Box	Email address (if applicable)
City KENOSHA	State WI	Zip Code 53140	Telephone Number (608) 555-5555
Extension			
Name of Parent or Guardian Responsible for Patient (Last, First, Middle) CLIENT, IMA		Relationship to Patient Self	
Address 123 Main St		P.O. Box	Email address (if applicable)
City KENOSHA	State WI	Zip Code	Telephone Number (608) 266-9691
Extension			
Is reminder/recall contact allowed? Yes		Would you like reminder/recall sent to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eligibility Status (Check all that apply) This section must be completed.			
<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid Eligible <input type="checkbox"/> Insured, Vaccines Covered			
<input type="checkbox"/> Badger Care <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> No Health Insurance			
<input type="checkbox"/> Insured, Vaccines Not Covered			

Funding Programs/Eligibilities:

Insured, Vaccine covered

Insurance Providers:

Blue Cross & Blue Shield United of WI
Professional Dental Plan Inc

Client Comments:

06/01/1996 ~ Pneumococcal - History of (immunity)

Immunization History						Tracking Schedule: ACIP	
Immunization	Date Admin	Series	Trade Name	Dose	Elig	Reaction	
MMR	01/02/1991						
	02/04/1991						

I have been given a copy and have read, or have had explained to me, information about the disease(s) and vaccine(s) to be received. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) be given to me or to the person named above for whom I am authorized to make this request.

Wisconsin Medicaid restricts billing recipients for any covered service(s).

I understand that if I am a Medicaid/BadgerCare recipient I cannot be charged an administration fee or asked for any type of donation for the administration of any vaccine that is being provided.

CLIENT, IMA, JANE

01/01/1990

Wisconsin Immunization Registry



WISCONSIN DEPARTMENT
of HEALTH SERVICES

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15 June 2022

Wisconsin Immunization Registry
Organization: WIR Physicians Site: WIR Physicians
Vaccine Administration Record

Patient's Name (Last, First, Middle)

CLIENT, IMA, JANE

Current Age

32 years, 5 months, 14 days

Date of Birth (mm/dd/yyyy)

01/01/1990

I give permission to share my child's immunization records including those provided to School(s) with the Wisconsin Immunization Registry and my Immunization Provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization. Check here if you do not give your permission ☐

SIGNATURE - Person to receive vaccine or person authorized to sign on the patient's behalf

Date Signed

X

FOR OFFICE USE

Vaccine	VIS Pub. Date	VIS Pres. Date	Recommended Date	Body Route	Body Site*
COVID-19	10/20/2021		01/01/2002	IM	RV LV RD LD
Influenza	08/06/2021		08/01/2021	IM	RV LV RD LD
MMR	08/06/2021		03/04/1991	SC	RV LV RD LD
Pertussis/Tdap	08/06/2021		01/01/2001	IM	RV LV RD LD
Td	08/06/2021		01/01/1997		RV LV RD LD
Varicella	08/06/2021		01/01/2003	SC	RV LV RD LD
Other					

*RV = Right Vastus Lateralis LV = Left Vastus Lateralis RD = Right Deltoid LD = Left Deltoid Subcutaneous injections are administered in the muscle "area".

SIGNATURE AND TITLE - Person Administering Vaccine

Date Vaccine Administ

X

- Vaccine Administration Records may contain a barcode for the client (at the top of the first page under "Client ID"), which can be scanned into WIR to search for a client quickly.
- There is a section on the second page of the form for the patient or parent to sign and indicate whether they give permission to share their or their child's immunization records with the Wisconsin Immunization Registry.

Complete immunization record

This report displays the client's demographics, registry data, contact information, as well as detailed immunization history. The report opens as a PDF file.

- 1) Follow the instructions under the "Vaccine Administration Record" section, directly [above](#), to go to the client reports page.
- 2) Select the blue hyperlink that says **Complete Immunization** to view the client's complete immunization record.

Client Information				School Release on File: Yes	
Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
IMA JANE CLIENT	01/01/1990	F	JOHNSON	ACIP	789789
Address		123 Main St, KENOSHA, WI 53140 (608) 555-5555			
Comments		{1 of 1} .. 06/01/1996 ~ Pneumococcal - History of (immunity)			

Reports Available for this Client		
Report	Description	Additional Information
Vaccine Administration	Displays demographics, contact information, immunization history, as well as immunizations available.	Site <input type="text"/> Language ENGLISH No signed documents with this provider.
Complete Immunization	Displays demographics, registry data, contact information, as well as detailed immunization history.	None
Immunizations Needed	Displays demographics, contact information, immunization history, as well as immunizations needed.	None

Wisconsin Immunization Registry



3) Example of Complete Immunization Record:

15 June 2022

Wisconsin Immunization Registry WIR Physicians Complete Immunization Record

Page 1 of 1

Chart Number: 789789	Tracking Schedule: ACIP
Client Name (L, F M): CLIENT, IMA JANE	Mother's Maiden Name (L, F M): JOHNSON, JILL
Birth Date: 01/01/1990 Gender: Female Race: Asian	Ethnicity: Not Hispanic or Latino

Primary Physician: Fred Van	School: Alexander Graham Bell Grade School
County: KENOSHA Date Last Notice Sent:	Sharing Content: Yes Contact Allowed: Yes

Relationship: Mother	Name (L, F M): JOHNSON, JILL
Address: 123 Main St	
City: KENOSHA State: WI Zip: 53140 Phone: (608) 555-5555	
Relationship: Self	Name (L, F M): CLIENT, IMA
Address: 123 Main St	
City: KENOSHA State: WI Zip: Phone: (608) 266-9691	

Funding Programs/Eligibilities: Insured, Vaccine covered
Insurance Providers: Blue Cross & Blue Shield United of WI Professional Dental Plan Inc
Client Comments: Pneumococcal - History of (immunity) 06/01/1996

Immunization	Date Admin	Series	Trade Name	Dose	Elig	Mfg Code	Lot#	Bod Rt	Bod St	Provider of Information	Reaction
MMR	01/02/1991									City of Milwaukee Health Department	
	02/04/1991									City of Milwaukee Health Department	

Immunizations needed report

This report displays the client's demographics, contact information, immunization history, as well as immunizations needed. The report opens as a PDF file.

- 1) Follow the instructions under the "Vaccine Administration Record" section, directly above, to go to the client reports page.
- 2) Select the blue hyperlink that says **Immunizations Needed** to view the immunizations the client needs.

Client Information				School Release on File: Yes	
Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
IMA JANE CLIENT	01/01/1990	F	JOHNSON	ACIP	789789
Address 123 Main St, KENOSHA, WI 53140 (608) 555-5555					
Comments {1 of 1} .. 06/01/1996 ~ Pneumococcal - History of (immunity)					

Reports Available for this Client		
Report	Description	Additional Information
Vaccine Administration	Displays demographics, contact information, immunization history, as well as immunizations available.	Site <input type="text"/> Language ENGLISH No signed documents with this provider.
Complete Immunization	Displays demographics, registry data, contact information, as well as detailed immunization history.	None
Immunizations Needed	Displays demographics, contact information, immunization history, as well as immunizations needed.	None

Wisconsin Immunization Registry



3) Example of Immunizations Needed Report:

15 June 2022

Wisconsin Immunization Registry

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WIR Physicians

Immunization Record

Chart Number: 789789	Tracking Schedule: ACIP
Client Name (L, F M): CLIENT, IMA JANE	Mother's Maiden Name (L, F M): JOHNSON, JILL
Birth Date: 01/01/1990	Gender: Female
Race: Asian	Ethnicity: Not Hispanic or Latino

Relationship: Mother	Name (L, F M): JOHNSON, JILL
Address: 123 Main St	
City: KENOSHA	State: WI Zip: 53140 Phone: (608) 555-5555
Relationship: Self	Name (L, F M): CLIENT, IMA
Address: 123 Main St	
City: KENOSHA	State: WI Zip: Phone: (608) 266-9691

Client Comments:
Pneumococcal - History of (immunity) 06/01/1996

Immunization History						Tracking Schedule: ACIP
Immunization	Date Admin	Series	Trade Name	Dose	Elig	Reaction
MMR	01/02/1991					
	02/04/1991					

Vaccines Recommended by Selected Tracking Schedule	
Vaccine	Date Needed
MMR	03/04/1991
Td	01/01/1997
Pertussis/Tdap	01/01/2001
COVID-19	01/01/2002
Varicella	01/01/2003
Influenza	08/01/2021

Appointment: _____ / _____ / _____

Provider Phone Number: (608) 555-1212