

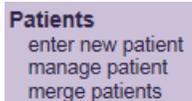


Immunization Registry Information System (IRIS) Instructions to Change a Patient's Status Within an Organization

The following instructions outline how to modify the status of patients within an organization. If you have questions, call the IRIS Help Desk at 800-374-3958.

To change a patient's status, please follow these steps:

- 1) Select "manage patient" from the menu panel.



- 2) Search for the patient.

Patient Search Criteria

Search by Patient

Minimum search criteria includes exact birth date and one additional field.

Last Name Mother's First Name

First Name Phone - -

Middle Name

* Birth Date

- 3) On the patient demographic page, select the organization information header. The Organization Information tab will open, and the Status dropdown menu appears. Select the appropriate status for the patient.
 - a. Active: The patient is currently receiving immunization services at the organization
 - b. Inactive-MOGE: The patient has moved and gone elsewhere
 - c. Inactive-One Time Only: Patient only received one immunization at the organization
 - d. Inactive-Other: Any other reason the patient is not currently receiving immunization services at the organization

Organization Information ▲

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Status
INACTIVE-MOGE
INACTIVE-ONE TIME ONLY
INACTIVE-OTHER

Allow Reminder and Recall Contact?

Provider- PCP

* Tracking Schedule

Last Notice

4) Select "Save".

Save updates to this patient record

Personal Information	
* Last Name	ZEHNER
* First Name	JOSEPH
Middle Name	EDWARD
Suffix	
* Birth Date	01/01/2010
* Mother's Maiden Last (On File)	
* Mother's First Name	JUDY
* Gender	Male
SSN	
Medicaid ID	456123R
Birth Order	(for multiple births)
Birth Country	UNITED STATES
Birth State	IOWA
Birth County	

Patient Identifier

ast Updated by Iowa Training Org on 02/18/2016

Patient AKA (0)

Organization Information

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Status: INACTIVE-MOGE Allow Reminder and Recall Contact? Yes

5) The message "Patient record successfully saved" will appear.

Patient record successfully saved

Update Patient	
Personal Information	
* Last Name	ZEHNER
* First Name	JOSEPH
Middle Name	EDWARD
Suffix	
* Birth Date	01/01/2010
* Mother's Maiden Last (On File)	
* Mother's First Name	JUDY
* Gender	Male
SSN	
Medicaid ID	456123R
Birth Order	(for multiple births)
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Patient AKA (0)

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Status: INACTIVE-MOGE Allow Reminder and Recall Contact? Yes