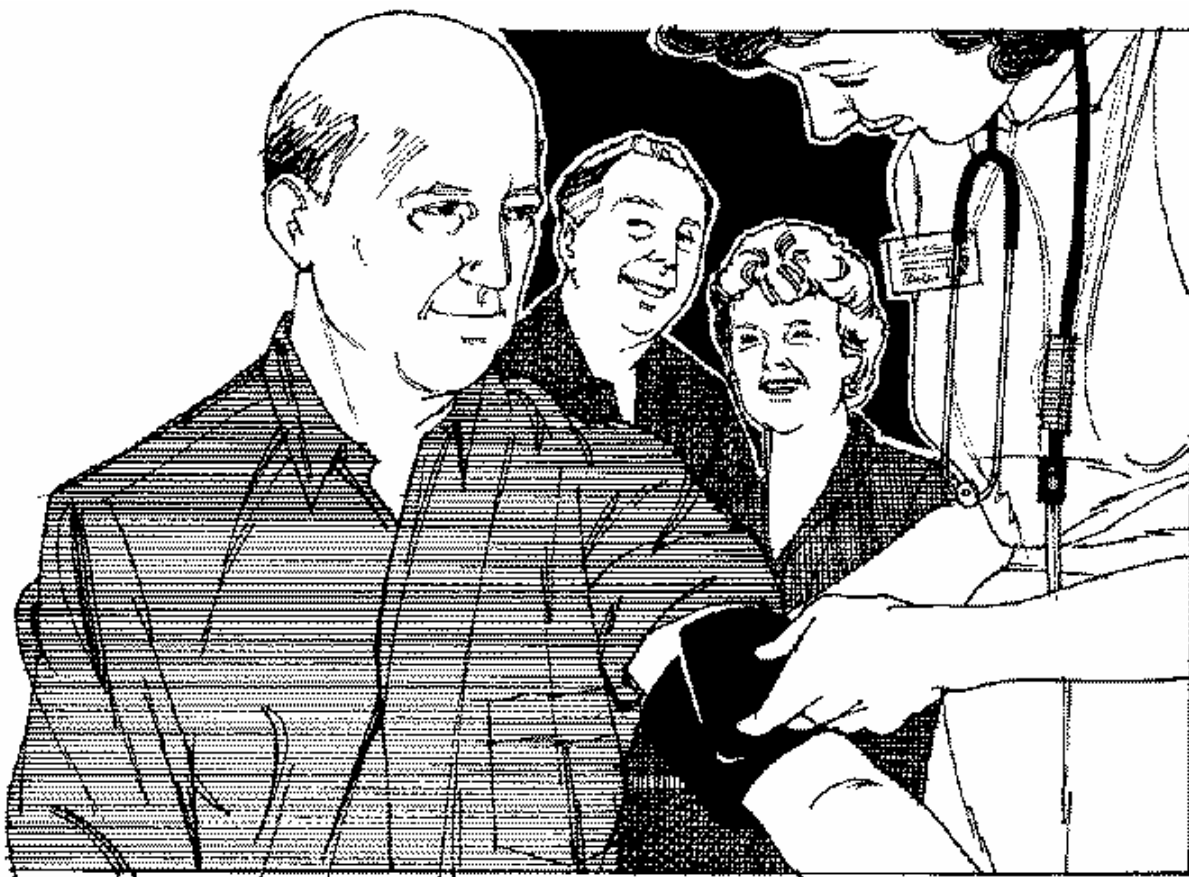


# Adult Immunizations



**User's Manual**

# **Adult Immunizations**

Health District Information System  
HDIS (Windows Ver. 4.0 )

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**CHC** Software, Inc.  
Health District Information Systems  
[helpdesk@hdis.org](mailto:helpdesk@hdis.org)

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# Introduction

This program is designed to assist you in organizing a systematic approach to entering your immunization records from your Adult Immunizations and provides accurate up-to-date records within your health district.

Please review the manual carefully to obtain the maximum benefits. Little or no prior computer experience is necessary to operate this program.

## About This Manual

***The Adult Immunizations Module*** is simple to use. ***The maximum benefit with the least time spent will be obtained if you start at the first page of this manual and follow the directions exactly as you enter the first record in your computer.***

Square boxes in this manual surround the key that you are to press on your keyboard. As an example, when you read

ENTER

, press the **enter** key on your keyboard.

The word

**TYPE** is followed by bracketed [ ] instructions of what to type into a field.

Note: For Technical Support, email: [helpdesk@hdis.org](mailto:helpdesk@hdis.org)



# Navigation

Whenever you see one  click the left side of your mouse once.

Whenever you see two  click the left side of your mouse twice.

## Navigation Keys For Entering Information

**Tab** or **ENTER** to move to next field

**Shift** **Tab** or **Up** to go back one field

**Alt** + **R** places you in the receipt screen.

## Editing Keys

**Backspace** deletes one character left of cursor

**Delete** deletes one character

**Insert** inserting & overwriting modes

When you see a pull-down field, click the arrow to the right to view all your choices.



## Starting HDIS

### MICROSOFT Windows Users

Start

Programs

Health District Info Systems

HDIS

# Health District Information System Menu Bar

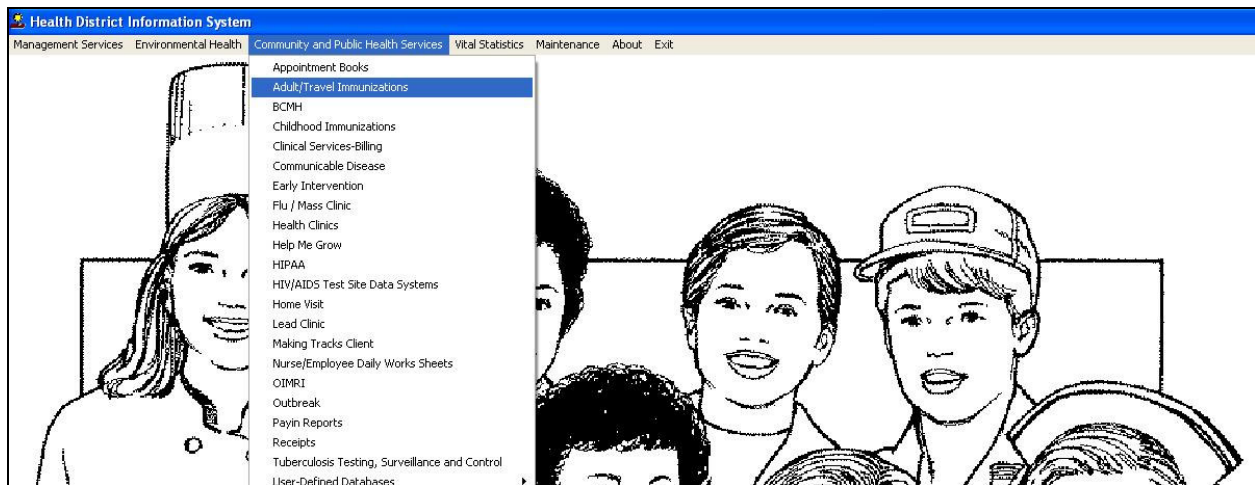
**HDIS (Health District Information System)** has several different modules designed to assist your health district in its day-to-day operations. The **Adult Immunizations module** is a great addition to these modules and simplifies your record keeping, billing and information management needs.



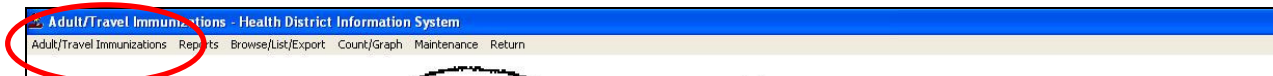
**Community and Public Health Services**



**Adult/Travel Immunizations**



**Adult/Travel Immunizations**





# Default Page

The screenshot shows a software window titled "Adult/Travel Immunizations Defaults" with a blue header bar. The window contains four main sections:

- Vaccines:** A table with three columns: "Type", "Lot", and "Default".
- Nurses:** A table with two columns: "Name" and "Default".
- Sites:** A table with three columns: "Code", "Name", and "Default".
- Injection Site:** A list box with two columns: "Name" and "Default". The list includes "LEFT ARM", "LEFT DELTOID", "LEFT THIGH", "RIGHT ARM", and "RIGHT DELTOID". The "LEFT ARM" entry is currently selected and highlighted in blue.

A "Close" button is located at the bottom right of the window. A horizontal scrollbar is visible at the bottom of the window.

On the Default page, you are able to pick out the vaccine, nurse, site, and injection site for that particular clinic. If you are performing numerous immunizations at a clinic, this feature is ideal when you are immunizing clients with the same vaccine.

# Adding a Client



## Add Name

**Add Client Demographic Information**

Patient Name and Address		Parent (if applicable)	Insurance / HIPAA	Other Info
Last Name	First Name	Middle Name	Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Age as of Today	Sex	Race	Social Security #
<input type="text" value="//"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--"/>
Street #	Street	Street Suffix	Apt. #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	County	
<input type="text"/>	<input type="text" value="OH"/>	<input type="text"/>	<input type="text"/>	
Political Subdivision	Phone			
<input type="text"/>	<input type="text" value="1-440- -"/>			
Primary Care Physician	Census			
<input type="text"/>	<input type="text"/>			
	<input type="button" value="Add"/>			

You may now begin to enter information into the fields. Remember, you can use the **“Tab”** or the **“Enter”** button to advance from field to field. On this page, you will fill out the demographic information for the client.

**\*\* Note: All phone numbers must start with a “1”**



## Parent (if applicable)

**Add Client Demographic Information**

Patient Name and Address	Parent (if applicable)	Insurance / HIPAA	Other Info
Mother/Guardian Last <input type="text"/>	Mother/Guardian First <input type="text"/>	Mother/Guardian Middle <input type="text"/>	
Mother/Guardian Maiden <input type="text"/>	Mother/Guardian Date of Birth <input type="text" value="//"/>	Mother/Guardian SSN # <input type="text" value="--"/>	
Mother/Guardian Ethnic <input type="text"/>	Mother/Guardian Work Phone <input type="text" value="1-440- -"/>		
Father's Last Name <input type="text"/>	Father's First Name <input type="text"/>	Father's Middle Name <input type="text"/>	
Father's Date of Birth <input type="text" value="//"/>	Father's SSN # <input type="text" value="--"/>		

OK Cancel

### Helpful Hints:

To save key strokes, when in the Mother/Guardian field, press **CTRL-L** to copy the last name of the child into that field.



## Insurance/HIPAA

**Add Client Demographic Information**

Patient Name and Address	Parent (if applicable)	Insurance / HIPAA	Other Info
Primary Insurance Carrier <input type="text"/>	Insurance # <input type="text"/>	Group # <input type="text"/>	
Secondary Insurance Carrier <input type="text"/>	Insurance # <input type="text"/>	Group # <input type="text"/>	
Notice of Privacy Practice Given			
<input type="text" value="//"/>	<input type="checkbox"/> Client	<input type="checkbox"/> Parent	<input type="checkbox"/> Custodian
			<input type="text" value=""/> <b>Other</b>
<b>Authorization for Release of Information</b>			
<input type="checkbox"/> Physician(s)	<input type="checkbox"/> Health Departments	<input type="text"/>	
<input type="checkbox"/> Family	<input type="checkbox"/> Day Care/Schools		
<input type="checkbox"/> WIC			
			Date Modified <input type="text" value="//"/>

OK Cancel



## Other Info

**Add Client Demographic Information**

Patient Name and Address	Parent (if applicable)	Insurance / HIPAA	Other Info
Alternate Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

---

Household size  **Gross Income**   Week  Month  Year  Verified  Revised

**Sliding Fee**     No Statement  Match Consent

When you are finished entering the client's demographic data, click the "OK" button to move onto the **INFORMATION** tab.

# Information



## Add Immunization Record

Adult/Travel Immunizations - - S

Find | Demographics | **Information** | Immunizations

ID # Code General Notes Medical Notes Last Reminder/Recall Date

Print Delete **Add Immunization Record** Modify

When you are entering a client for the first time, you will have to give them an adult immunization record. To do this, simply click the “**Add Immunization Record**” button. This will allow you to begin filling out all of the information.

\*\* Note: You only have to add a immunization record once. Once a record has been created, you do not have to add them again.

\*\*Note: The program will automatically give the client an ID #.

# Immunizations



## Modify

Adult/Travel Immunizations - S

Find | Demographics | Information | **Immunizations**

Vaccine Type: [ ] Date: 08/30/2007 Lot #: [ ] Cline Site: [ ] Nurse: [ ]

Type	Date	Dose	Lot	Due Date	Site	Nurse

Delete Vaccine\* | Refresh | Print | Add Series | Update Vaccine | **Modify**

This page contains the immunization records for each client. To enter a shot, first click the **“MODIFY”** button.

To enter an immunization, fill out the information in the fields across the top of the page and click on the **“Add Series”** button.

Field/Button	Description
Vaccine Type	Choose the vaccine type
Date	Enter the date of the injection
Lot #	Choose the lot # of the shot
Clinic Site	Choose the clinic site where the injection was performed
Nurse	Choose the nurse who performed the injection
Dose	Dose number
Due date	Automatically calculates for multiple dose vaccination
Injection	Choose the injection site
Interval	Choose the correct shot interval
Print	Click to open the print window
Add Series	Click to add a series to the list
Update Vaccine	Use this to enter the next dose in a series
Modify	Click to modify the record
Delete Vaccine*	Right click to delete a vaccine row from the list.
Refresh	Click to put the grid in chronological order



# Print Button



Print

**Print:** The “print” button is available on all the tabs

Field/Button	Description
Print Adult Immunization Record (with questionnaire)	Prints out an adult immunization record along with a questionnaire that you are able to develop under the “Maintenance” menu
Print Adult Immunization Record	Prints out an adult immunization record with no questionnaire
Print Inventory Lot Numbers	Use this to get ready for your clinic
Print Invoice	Prints out an invoice for the client for the dates entered
Print Adult Immunization Charge Slip	Prints an adult immunization charge slip with a preloaded questionnaire
Preview	Previews the printout
Print	Prints the form.
Question A	Prints out the “A” questionnaire that you are able to develop under the “Maintenance” menu
Question B	Prints out the “B” questionnaire that you are able to develop under the “Maintenance” menu
OK	Prints/Previews the form.
Close	Closes the print menu.

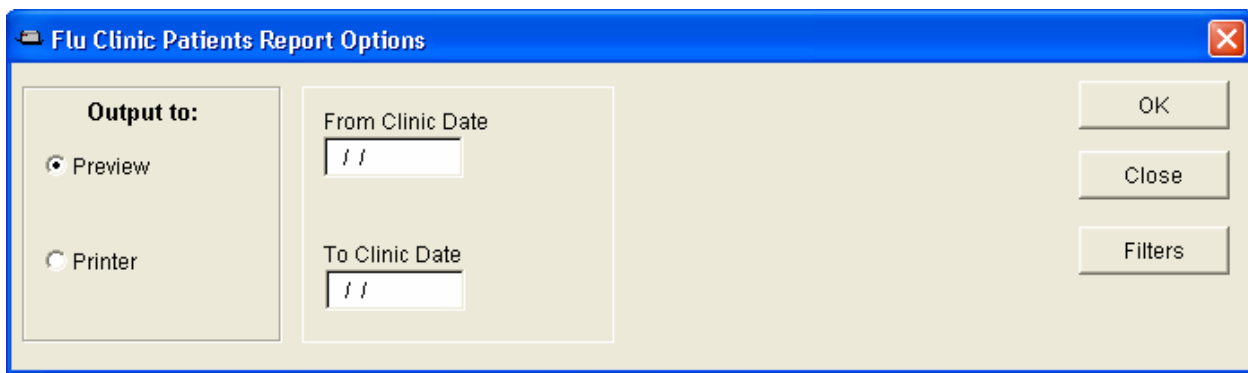
# Reports



## Reports



The **Adult Immunizations program** has a set of pre-defined reports from which to choose. Each report will ask for **“From date issued”** and **“To date issued”**.



You may preview the report before printing. Also, you have the ability to use filters to build a query.

## Reports

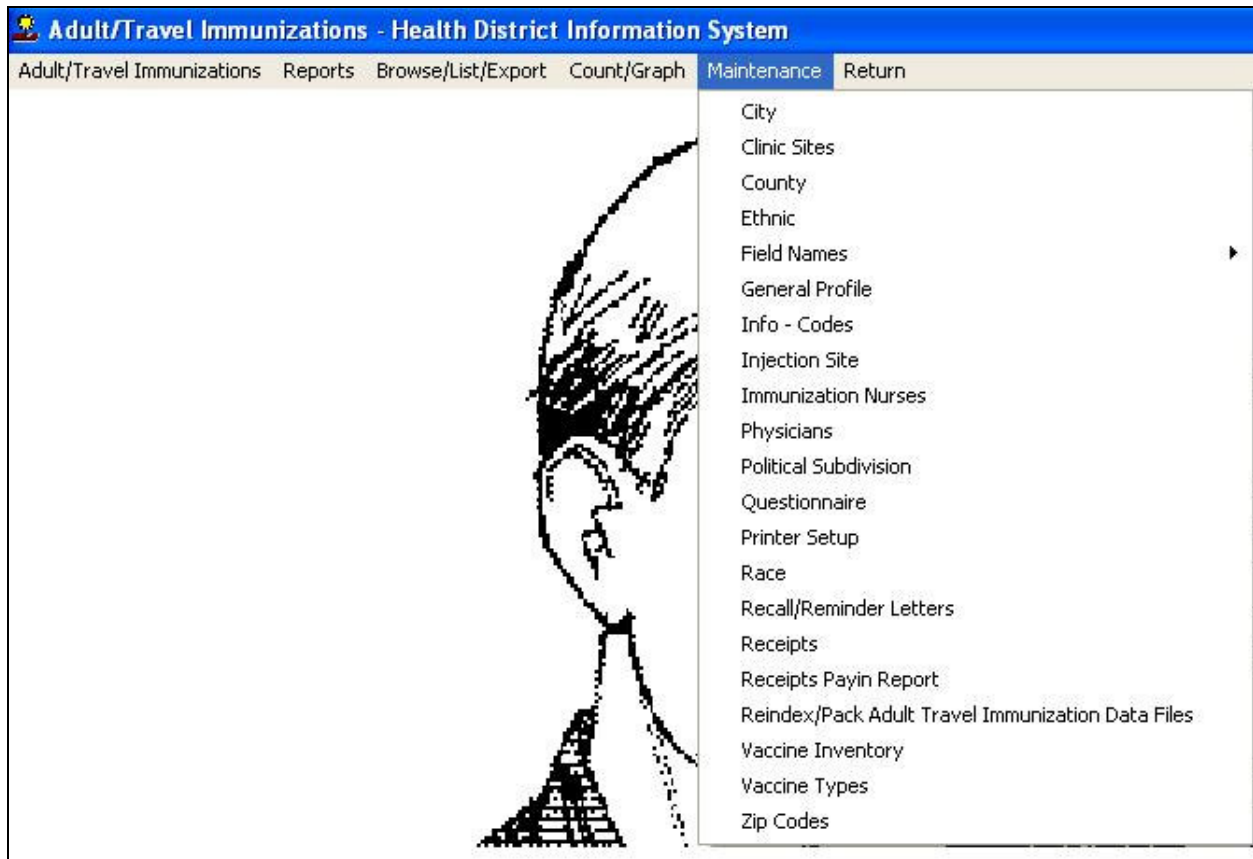
Report	Description
Adult Immunization Records	Generates your Adult Immunization Records
List	Generates a list of your immunization clinic clients
Medicaid/HCFA 1500 Billing	Generates your HCFA 1500 or transfers to claims to Clinical Services module
Newsletter	Send out a friendly news letter
Physician's Patients	Send a list of clients to there primary care physician that have received vaccines at the health department.
Recall - Letters	Generates recall letters addressed to each client.
Recall - Mailing Labels	Generates recall mailing labels to each client.
Recall - Phone List	Generates recall phone list
Recall - Post Cards	Generates recall post cards to each client.
Reminders - Letters	Generates reminder letters addressed to each client.
Reminders - Mailing Labels	Generates reminder mailing labels to each client.
Reminders - Phone List	Generates reminder phone list

Reminders - Post Cards	Generates reminder post cards to each client.
Utilization (Unduplicated)	Generates a list of clients by: Age City Zip Sex by Race
Vaccine Accountability	Generates an vaccine accountability report
Vaccine Administered	Generates a list of vaccines administered
Vaccines by Adult – By Alpha	Generates a list of adult records by name
Vaccines by Adult – By Vaccine Type	Generates a list of adult records by vaccine type

# Maintenance - Add/Delete/Modify Tables



## Maintenance



The **"Maintenance"** menu contains a list of the tables that you are able to modify for your program.



## City

City
CONCORD
CONCORD TWO.
CONCORD TWP.
EASTLAKE
EUCLID
EUCWILLOUGH
FAIRPORT HARBOR
HOSPITAL
KIRTLAND
LAKE
LAKE HOSPITAL
LEROY TWP
MADISON
MENTOR
MENTOR ON LAKE
MENTOR ON THE LAKE
MENTORE
MTR.\ WILLBY
NORTH ROYALTON
PAIENSVILLE
PAINESVILLE
PAINESVILE

Buttons: Close, Add, Delete, Print, Copy Master

Field/Button	Description
Name	Enter the city name
Close	Closes the table
Add	Adds a city
Delete	Deletes a city
Print	Deletes the highlighted entry
Copy Master	Click this button to automatically build a city and zip code table





## County

The screenshot shows a dialog box titled "Add/Delete/Modify County Table". On the left, there is a list box with a scroll bar containing the following county names: County, ALLEGHENY, ALLEN, ASHLAND, ASHTABULA, ASTABULA, ASTHABULA, ATHENS, ATLANTIC, AUGLAIZE, BAXTER, BEAVER, BEDFORD, BELMONT, BENTON, BERGEN, BERKS, BRONX, BROOK, BROWARD, BRUNSWICK, BUTLER, and CABELL. On the right side of the dialog, there are four buttons: "Close", "Add", "Delete", and "Print".

Field/Button	Description
Name	Enter the county name
Close	Closes the table
Add	Adds a county
Delete	Deletes the highlighted entry
Print	Prints a list of the counties







## General Profile

**General Profile**

Demographics | **General** | Management | Environmental | Community & Public Health Services | Vital

Health Department

Division

Address1

Address2

City  State  Zip

County

Phone #'s  FAX #

Federal Tax ID

Commissioner

Client/Server Location

2006  2005  2004  2003  2002  2001  2000  1999  1998

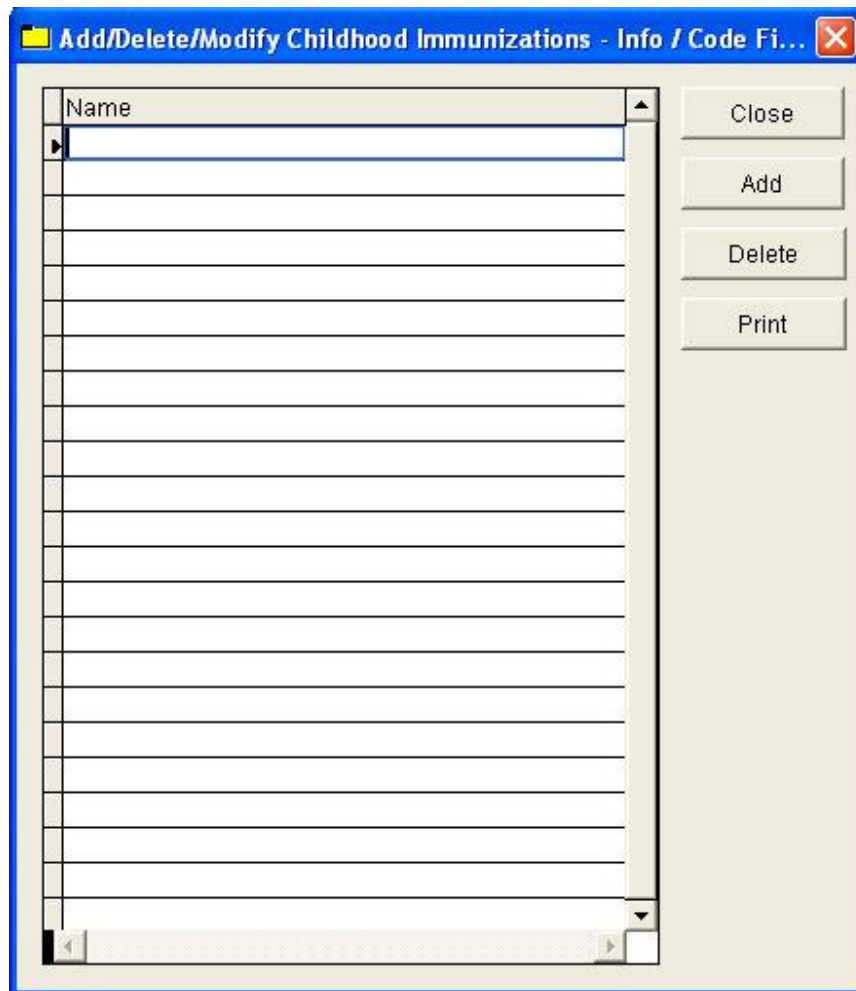
Make Checks Payable to:

Close

The **General Profile** allows you to fill out the basic information for your health department.



## Info\Code Field



Use this table to make the Info field on the INFO window tab to pull-down field.

Field/Button	Description
Name	Enter the code
Close	Closes the table
Add	Adds a code
Delete	Deletes the highlighted entry
Print	Prints a list of the codes







## Physicians

**Add/Delete/Modify Physicians**

Name	Address1
ABUS-SHAWEESH MD, JALAL M	
ADLER	
AHARAR	
AHMED	
AHUJA, DR. SAM	
AKAZAR	
ALBANESE	
ALPERIN	
ALVI, DR.	
AMDUR	
AMIDON	
ANDERSON MD, MICHAEL	
ANDREW, DR.	
ANDREWS	
ANNABLE MD, WILLIAM L	
ANNAI	
ANOUN, DR.	
ANSAR	

Buttons: Close, Add, Delete, Print, Envelope, Find & Replace

Field/Button	Description
Name	Enter the name of the physician
Address1	Enter the address of the physician
Address2	Enter the address of the physician
City	Enter the city of the physician
State	Enter the state of the physician
Zip	Enter the zip of the physician
Provider #	Enter the provider # of the physician
Phone	Enter the phone number of the physician
Fax	Enter the fax number of the physician
Group Name	Enter the group name of the physician
Type of Practice	Enter the type of practice
Close Button	Closes the table
Add Button	Adds a physician to the table.
Close Button	Closes the table
Delete Button	Deletes a highlighted entry
Print Button	Prints the list
Envelope	Closes the table
Find & Replace	Click to find and replace physician names





## Questionnaires

Enter/Modify Questionnaires

Adult Questionnaire A      Adult Questionnaire B

IS THE INDIVIDUAL THAT IS GOING TO RECEIVE VACCINES.....

Ill with anything more serious than a cold?      NO       YES

Have any allergies? (chicken eggs, medications, thimerosal)      NO       YES

Had a serious reaction to a vaccine in the past?      NO       YES

Received a transfusion of blood, plasma, or a medicine called  
immune globulin in the past year?      NO       YES

Had a seizure or neurological problem?      NO       YES

Currently nursing a baby?      NO       YES

Reside in a home with a newborn infant?      NO       YES

DOES THE INDIVIDUAL AND/OR ANYONE LIVING WITH OR TAKING CARE OF THE INDIVIDUAL

Have cancer, leukemia, AIDS, or any other immune system problem?      NO       YES

Taken cortisone, prednisone, other steroids, anticancer drugs,  
or x-ray treatments in the past three months?      NO       YES

Pregnant or at risk of becoming pregnant within the  
next three months?      NO       YES

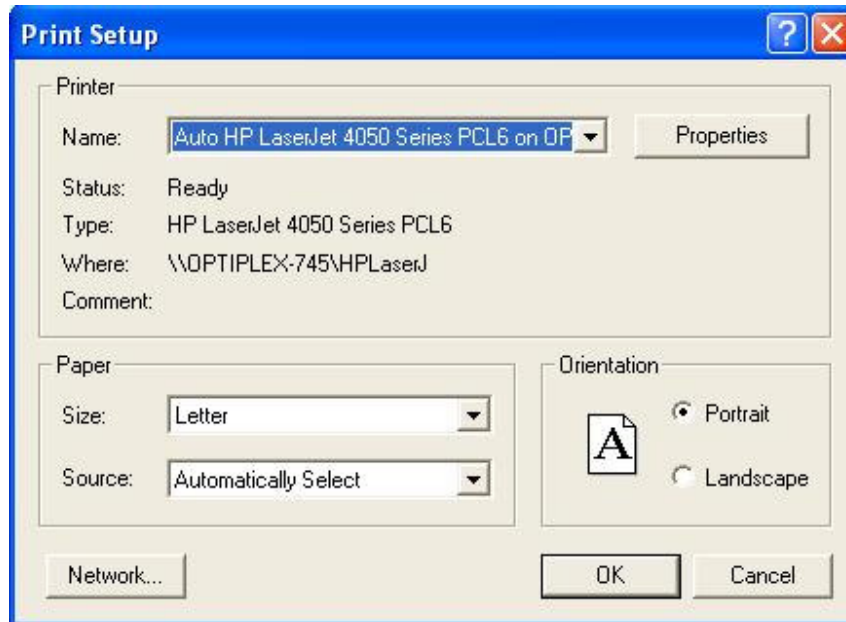
I have answered the above questions to the best of my knowledge. I have received a copy of the IIS statements about the disease(s) for which vaccine(s) are being given today. I understand the benefits & risks of the vaccine(s) & give my consent that the vaccine(s) indicated on this form be given to me or the person named for whom I am authorized to make this request. I grant permission this record to be released to the following: (Draw a line through & place your

Spell Check      Close

The **Adult Immunization** module allows you to develop your own questionnaires in the program. These questionnaires can be printed using the **“Print”** button.



## Print Setup



The **“Print Setup”** permits you to choose from which printer you would like to print. Select the printer in the name dropdown and click **“OK”**.





## Recall/Reminder Letters/Newsletter

Enter/Modify Adult Immunization Recall/Reminder Letters

Reminder Letter | Recall Letter | Newsletter

Our records show that \*NAME\* is now \*DAYS PAST\* days past due for the following immunizations;  
\*DUE\*

He/she was due for shots on this date:\*RETURN DATE\*

CLINIC HOURS: Monday, Wednesday, Friday:  
9-10a.m. & 1-4p.m.  
Monday Evenings: 4-6:30p.m.

REQUIREMENTS:  
Please bring your immunization record with you.  
Children MUST be brought by parent or legal custodian.  
Medicaid recipients MUST present their Medicaid card.

Spell Check | Close

The **HDIS** system provides you the flexibility to write reminder/recall letters that can be mailed to clients. These letters will pull data through use of the \*.

**The \* is placed on each end of the field name that you want to pull into the letter. Use capital letters to describe the field name. The letters are automatically addressed to the client.**





## Pay In Report

**Print Pay In or Receipt**

From Date: 08/31/2007      To Date: 08/31/2007

Pay In by Receipt Book

Pay in by Fund

Pay in by Initials

Receipt

**Output to:**

Preview  
 Print

OK  
Close

If your health department has the **“Receipts”** module, you have the ability to print your pay in reports through the **“Maintenance”** tab.



## Reindex/Pack Data Files



**This function is only needed should your data be corrupt due to a power failure. Please contact CHC Software if you have any questions or concerns.**



Adult Purchased	
Close Button	Closes the table
Add Button	Adds a vaccine to the table.
Delete Button	Deletes a highlighted entry
Print Button	Prints the list
Zoom	Click to go to the Zoom screen
New Month*	



## Vaccine Types

**Add/Modify/Delete Types of Adult Vaccines**

Abbreviation	Description	Doses	1st interval	2nd interval	3rd interval	4th interval
DH	DTP/HIB					
DIH	PEDIARIX					
DT	DIPHTHERIA, TETANUS	1	0	0	0	0
DTAP						
DTP	DIPHTHERIA, TETANUS, PERTUSSIS	1	0			
FLU	INFLUENZA	1	0			
GHEP	HEPATITIS B	3		30	150	
HAV-HBP	HAV-HBP	3	0	30	150	
HEPA	HEPATITIS A	2	0	30		
HEPB	HEPATITIS B	3	0	30	150	
HH	HAEMOPHILUS, HEPATITIS B	1	0			
HIB	HAEMOPHILUS	1	0			
HPV						
IG	IMMUNE GLOBULIN	1				
IMM ADMN	IMMUNIZATION ADMINISTRATION					
IP	POLIOMYELITIS (INACTIVATED)	1	0			
LEAD	LEAD TEST					
MEAS						
MEN	MENINGOCOCCAL	1	0			
MET						

Buttons: Close, Add, Delete, Print

Field/Button	Description
Abbreviation	Enter the Abbreviation
Description	Enter the Description
Doses	Number of doses need for the series
1 <sup>st</sup> Interval – 6 <sup>th</sup> Interval	Intervals for multiple dose vaccines
ICD9	Enter the ICD9 Code
CPT Code	Enter the CPT Code
Amount	Enter the amount of the vaccine
Close Button	Closes the table
Add Button	Adds a vaccine to the table.
Delete Button	Deletes a highlighted entry
Print Button	Prints the list



## Zip Codes

The screenshot shows a dialog box titled "Add/Delete/Modify Zip Code Table". It contains a table with a single column labeled "Zip". The table lists the following zip codes: 01013, 01983, 02062, 02110, 02152, 03784, 04073, 06830, 07065, 07071, 07645, 07762, 07869, 08402, 10028, 10033, 10305, 10465, 10466, 10805, 11361, and 14048. The first row is highlighted. To the right of the table are four buttons: "Close", "Add", "Delete", and "Print".

Field/Button	Description
Zip	Enter the zip code
Close Button	Closes the table
Add Button	Adds a zip code to the table.
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

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