

Patient Search Click here to use the 'advanced' search

First Name or Initial:	em%	ID:	
Last Name or Initial:	test%	SIIS Patient ID / Bar Code:	
Birth Date:	02/02/1992	Chart Number:	

Family and Address Information:

Guardian First Name:		Mother's Maiden Name:	
Street:			
City:		State:	Select...
Zip Code:		Phone Number:	
Country:	United States		

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.
 Check here if adding a new patient.

Clear **Search**

Patient Search Results

Records Found = 2 Search Criteria: First Name / Last Name / Birth Date (Like)

First Name	Middle Name	Last Name	Birth Date	City	Grd First Name	Grd Last Name
EMILY		TEST	02/02/1992	COLUMBUS		

Showing 1 to 2 of 2 entries

Log into <https://ohioimpactsiis.org/> using your username and password, which was either provided by ODH or an ImpactSIIS administrator at your facility.

After logging in, if not already opened to patient search, Click on the blue **Patient** tab to the left, then click **Search/Add**.

- SEARCH for the individual who needs the vaccination added to their Impact chart.
 - For the best search: use **First Name, Last Name, and Birth Date**.
 - The “%” character acts as a wildcard search if needed.
- Click **Search**
- Clicking on the correct patient name will pull up the **Patient Demographics** page.

If anything needs corrected or updated on the **Patient Demographics** page, this can be done by clicking the **Edit** button, making any necessary changes, then clicking **Save**.

- If you can confirm this is the correct individual, and you have updated the:
 - address,**
 - phone,**
 - race and ethnicity** information,
 then proceed to the next step.

Patient Demographic Master View

Record Info

SIIS Patient ID:	12185686	Last Update:	11/13/2020
Organization Owner:	363 - ODH OHIO IMPACTSIIS	Last Updated By:	EMILY TEST
Facility Owner:	363 - ODH OHIO IMPACTSIIS		
Entry Date:	04/30/2019		
Entered By:	EMILY TEST		

Patient Status

State Level:	Active	Organization Level:	Inactive
County Level:	Active (Franklin)		

Patient

First Name:	EMILY	Race:	
Middle Name:		Ethnicity:	Not Hispanic or Latino
Last Name:	TEST	Language:	English
Suffix:		SSN:	XXX-XX-2221
Birth Date:	02/02/1992	Medical #:	
Birth File #:		Multi Birth Indicator:	N
Age:	28 yrs	Birth Order:	
Reminder/Recall Publicity Code:		Military:	
Sex:	FEMALE	Recall Attempts:	0
Mother Maiden Nm:	DOE	Nationality:	
VFC status:	Not VFC Eligible	Passport #:	
		Visa #:	
		Vaccine Supply:	PRIVATE

Primary Address

Address 1:	200 VACCINATION WAY	Address 2:	
City:	COLUMBUS	State:	OH
Zip Code:	43201		
Email:			
Country:	United States	County/Parish:	FRANKLIN

Family & Contact

Guardian 1 First:		Guardian 1 SSN:	
Guardian 1 Middle:		Guardian 2 First:	
Guardian 1 Last:		Guardian 2 Last:	
Phone Number	Phone Use Code	Equipment Type	

+ Alias

+ Secondary Patient Demographics

+ School

+ Primary Insurance

+ Medical Home

+ Birth & Death

+ Associated Campaigns/Tiers

+ Patient Specific Reports

Back **Edit**

Patient Demographic Master View			
Record Info			
SIIS Patient ID:	12185686		
Organization Owner:	17830 - ODH OUTBREAK VACCINATION TEAM		
Facility Owner:	-		
Entry Date:	04/30/2019	Last Update:	10/16/2020
Entered By:	EMILY	Last Updated By:	EMILY
Patient Status			
State Level:	Active	Organization Level:	Inactive
County Level:	Active (Franklin)		
Patient			
First Name:	EMILY	Race:	
Middle Name:		Ethnicity:	
Last Name:	TEST	Language:	
Suffix:		SSN:	
Birth Date:	02/02/1992	Medicaid #:	
Birth File #:		Multi Birth Indicator:	N
Age:	28 yrs	Birth Order:	
Reminder/Recall Publicity Code		Military:	
Sex:	FEMALE	Recall Attempts:	0
Mother Maiden Nm:	DOE	Nationality:	
VFC status:	Not VFC Eligible	Passport #:	
		Visa #:	
		Vaccine Supply:	PRIVATE
- Primary Address			
Address 1:	200 VACCINATION WAY	Address 2:	
City:	COLUMBUS	State:	OH
Zip Code:	43201		
Email:			
Country:	United States	County/Parish:	FRANKLIN
- Family & Contact			
Guardian 1 First:		Guardian 1 SSN:	
Guardian 1 Middle:		Guardian 2 First:	
Guardian 1 Last:		Guardian 2 Last:	
Phone Number	Phone Use Code	Equipment Type	
+ Alias			
+ Secondary Patient Demographics			
+ School			
+ Primary Insurance			
+ Medical Home			
+ Birth & Death			
+ Associated Campaigns/Tiers			
+ Assessment			
+ Patient Specific Reports			
<input type="button" value="Edit High Risk Categories"/>			
<input type="button" value="Back"/>		<input type="button" value="Edit"/>	

REQUIRED at time of first dose:

After saving the Patient Demographics.

1. Click the *Edit High Risk Categories* box.
2. Select the most appropriate Target Population or Occupation and assign it to the individual using the > arrow to the right.
 - There should be a notification at the top stating "Patient High Risk Categories Successfully Changed"
3. If your organization is submitting vaccination records electronically and you do not need to enter a vaccination at this time, click on the blue *Patient* tab to the left, then click *Search/Add* to proceed to the next patient.

Patient			
Name:	EMILY TEST	SIIS Patient ID:	12185686
Date of Birth:	02/02/1992	Age:	28 yrs
Guardian:		Organization Level Status:	Inactive
Patient High Risk Categories			
Available Categories		Current Categories	
ASSISTED LIVING FACILITY RESIDENT ASSISTED LIVING FACILITY STAFF CONGREGATE CARE FACILITY RESIDENT CONGREGATE CARE FACILITY STAFF EMERGENCY MEDICAL SERVICES HOSPITAL ADMINISTRATIVE STAFF HOSPITAL CLINICAL STAFF NONHOSPITAL HEALTHCARE ADMINISTRATIVE STAFF NONHOSPITAL HEALTHCARE ANCILLARY STAFF		<input type="button" value="▶"/>	
<input type="button" value="Back"/>			