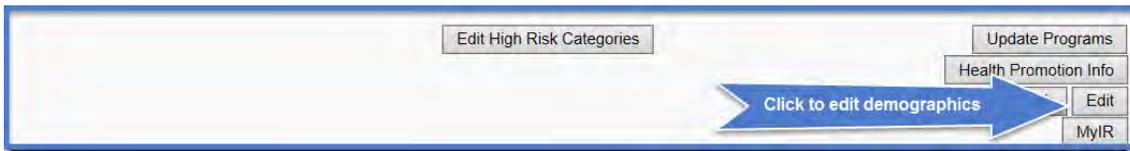


### Why Should I Edit Patient Demographics?

It is important to update patient demographics if you are using the IIS to capture VFC eligibility status, using the system to send reminders about immunizations due, or tracking recall efforts, among many other reasons.

### How Can I Edit Patient Demographics?

1. Search for the patient in the IIS.
2. Click the patient name to open the demographics screen.
3. On the Patient Demographics screen, click **Edit** at the bottom.



4. Edit or update information including:
  - **Language:** Select English or Spanish to ensure that parents receive the Child Profile health promotion mailings in the appropriate language.
  - **Multiple Births:** If the patient is a twin, triplet, etc. enter the birth order in the first dropdown and the total number of births in the second dropdown menu (i.e. for the second born of triplets enter 2 in the first field and 3 in the second field).
  - **Inactivate Patients:** Use the Inactive dropdown menu to select the appropriate reason for inactivation. Once inactivated, the patient will no longer be “owned” your organization (this removes the patient from your Reminder/Recall, Patient Lists, and Reports).
  - **VFC Status:** Select the patient’s VFC status from the dropdown box in order to meet VFC documentation standards and run yearly VFC breakdown reports.

Patient Demographics Edit	
<b>Patient</b>	
<b>First Name:</b>	SPICY
Middle Name:	
<b>Last Name:</b>	CINNAMON
Suffix:	--none--
<b>Birth Date:</b>	01/02/2000
Birth File #:	
<b>Sex:</b>	FEMALE
Mother Maiden Name:	BLUE
Military:	<input type="checkbox"/>
Cell Phone:	
Race:	White Black or African American Asian
Ethnicity:	--select--
Language:	--select--
Medicaid #:	
Multiple Birth:	--select-- of --select--
	Inactive --select--
	VFC Status: --select--
Block Recall:	<input type="checkbox"/>

5. Edit or update address, phone number, and email

- Address 1: Enter Street or PO Box number.
- Address 2: Enter Apartment number (if applicable)
- Enter the zip code and the correct city, state, and county will automatically populate.
- Enter the phone number and email.

Address	
Address 1:	456 SMITH ST
Address 2:	
Country:	United States
County/Parish:	SPOKANE
City:	SPOKANE
State:	WA
Zip Code:	99201
Phone:	
Email:	

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).



**Tip: Expand or collapse fields on the Demographics Screen using these buttons**



#### 6. Edit or update family & contact information

- Enter the guardian’s first and last name. You can list more than one guardian.
- Select the contact type from the dropdown menu (e.g. Father).
- If the contact person is a legal guardian, click the check box next to the word **“Guardian?”**
- The guardian address information is optional and can be added if the guardian has a different address than the patient.
- Click **Add** to save the family and contact information you entered.

**- Family & Contact**

First Name:  Middle Name:  Last Name:

Contact Type:  Guardian?

Address 1:

Address 2:  City:

Country:  State:  Zip Code:

Phone:  Email:

First	Last	Type	Phone	Guardian?
SUE	BLUE			Y

**- Alias**

First Name:  Last Name:

Add Edit Remove

Use the Add buttons to add Family Contact and Alias information

#### 7. You can also edit or update:

- **Alias:** Enter a nickname, maiden or second last name, then click **Add** (this information can be used as search criteria).
- **Secondary Patient Demographics:** These fields are optional.
- **School Information:** School patient attends and date of entry.
- **Medical Home Facility Section:** Consider adding facility and/or physician.
- **Chart Number:** Can be used as search criteria if added.

8. If you do not want to take ownership of the patient record, check the **“Do not take ownership of this record”** box. This excludes the patient from your Reminder/Recall, Patient Lists, and Reports.

Do not take ownership of this record

Cancel Save

For questions, contact the WAIS Help Desk at 1-800-325-5599 or [WAISHelpDesk@doh.wa.gov](mailto:WAISHelpDesk@doh.wa.gov).