

Searching for and Creating Patients/Updating Demographics

This step by step guide shows how to search for a patient in SIMON and add a new patient if they do not exist in the system. You can update the demographics when you've selected an existing patient and the demographics need to be completed for a new patient. Selecting a patient is important to utilize many functions in SIMON.

1. Begin by selecting the "Search" option under the <u>Patients</u> module on the left of the screen.

	WELCOME TO THE STATEWIDE IMMUNIZATION ONLINE NETWORK	0
Home	Default Provider/Clinic	
Patients		
Search	Provider/Clinic : BRITTANY TYPE 1 INVENTORY, BRIT TYPE 1 INVENTORY	
Demographics	SELECT A CLINIC BY TYPING PROVIDER, CLINIC, VFC PIN, OR CLINIC CODE	×
Local IDs		
Programs	News	

2. Even if you know a patient is new to the clinic, you must search for them in order to reduce duplicates in the system. Begin with the first two letters of the first and last name.

earch Criteria				
Patient ID	Identifier Type	Identifier Value		
.ast Name	First Name	Middle Name	DOB	Gender
TW	MA		MM/DD/YYYY	•
Previous Criteria				Clear Search
Info: To minimize the or	reation of duplicates and	aid in the identification of e	sisting duplicates, please i	initially search for
the helpdesk.				and, produce fromly





3. If you see the patient you're searching for then select the "Demographics" button to the right of the patient information and skip to step 6.

earch F	Results - 1 record(s)					
ID	Name	Gender	DOB		Action	
1054198	CHESNEY, KENNY M 1000 SW JACKSON ST TOREKA KS 66612	М	05/18/2018	0 1 0	Demographics	•

4. To create a new patient, scroll to the bottom of the results and select "New Patient".

Search Results - 0 record(s)	
A There are no patients that match your search criteria.	
You may add a new patient by clicking the 'New Patient' button.	New Patient

5. The minimum requirements for creating the new patient include last name, first name, date of birth and gender. Complete the fields and click "Create".

Patients New						
Click "Create" to create a new patient.	6					

Add

Last Name *	First Name *	Middle Name	Generation
TWAIN	MARK		T
DOB*	Gender *		
08/09/2010	MALE 🔻		
Mother Maiden	Mother First		
			Create





6. Now you should see the demographics page for either a new patient or an existing patient. Required fields are marked with red asterisks (*). Complete demographics as thoroughly as possible.

🖿 TWAIN, MARI	CID: 1055013 DOB	: 08/09/2010 AGE: 9Y 1N	125D GENDER: M		
Patient Dem	nographics	8 19	Cancel T	▼ DLinks ▼ Dpd	late 🔻
Edit					
Patient Info Primar	y Contact Alias Heal	th Ins Contact Info Addres	ss Race/Ethnicity Birth Info		
Last Name *		First Name *	Middle Name	Generation	
TWAIN		MARK		•	
Gender *	DOB *				
MALE	08/09/2010				

7. Patient Eligibility is related to the funding they qualify for in order to receive their necessary vaccines and will impact your ability to administer vaccines that are related to specific funding sources. Select the appropriate option:

	Patient Eligibility *	_	
	•		
	(1) IS ENROLLED IN MEDICAID		
	(14) SPECIAL PROGRAMS ELIGIBILITY		
	(2) DOES NOT HAVE HEALTH INSURANCE - UNINSURED		
	(3) AMERICAN INDIAN OR ALASKAN NATIVE	er Needed?	
	(4) IS UNDERINSURED		
Pr	(5) NOT VFC ELIGIBLE		
	(6) ENROLLED IN STATE CHIP PROGRAM - NOT VFC ELI		Circle M.
	(7) VFC ELIGIBLE (LOCAL SPECIFIC ELIGIBILITY)		FILSEN
	(9) VFC ELIGIBILITY NOT DETERMINED/UNKNOWN		

8. For patients under the age of 18, a primary contact is required.

Primary Contact				
Relationship Type *	Last Name *	First Name *	Middle Name	Generation





9. If the patient's address is out of state, you'll fill in the "Out of State City" and "Out of State County" but leave the "City" and "County" blank.

Address is Unavailable or Temporary 🔲 Mailing Address	Do Not Include	e Patient in Reminder/Re	call
Street #* Prefix Street Name* City * Leave Blank	Type Ut of State City DENVER	Suffix Unit #	P.O. Box Out of State County DENVER
State *	Country		Zip Code * ▼ 99999-9999 Q ⊗

10. If the physical address is the same as the mailing address, use the "Copy Mailing Address to Physical Address" button.

	Copy Mailing Address	To Physical Address		Clear Mailing Address
	Copy Physical Addres	s To Mailing Address		Clear Physical Address
Physical Address Street #* Prefix	Street Name *	Туре	Suffix	Unit # 9. Box
City *		Out of State City	County *	Out of State County
State *		Country		Zip Code * ▼ 99999-9999 Q ⊗

11. Click "Update" at the top of the page to save.







12. If you see a message stating an item is required, ensure the required fields are accurately completed until you get a "success" message.

TWAIN, MARK ID: 1055013 DOB: 08/09/2010 AGE: 9Y 1M 25D GENDER	DER: M	
Patient Demographics @ 1	Success The Record Has Been Saved Cancel	×
Edit		

