Immunization Referral Response Checklist

(This information, which is recommended to be included ▮ ▮ ▮ ▮ ▮, can be communicated through any of several means including a paper-based referral form, a detailed clinical note from the last appointment, or a template within the electronic medical record [EMR].)

Patient demographics and scheduling information

a. Patient name and date of birth

b. Referring Provider and date of referral visit

c. Immunizer's Name/Practice/Contact Information

Care documentation

☐ Vaccines administered (include specific dose information)

☐ Follow up (list any need for follow-up doses, specify time frame and whether scheduled)

☐ Follow up: vaccine information added to the state immunization information system (IIS)/registry

☐ Follow up: additional information or comments (e.g., any adverse reactions)