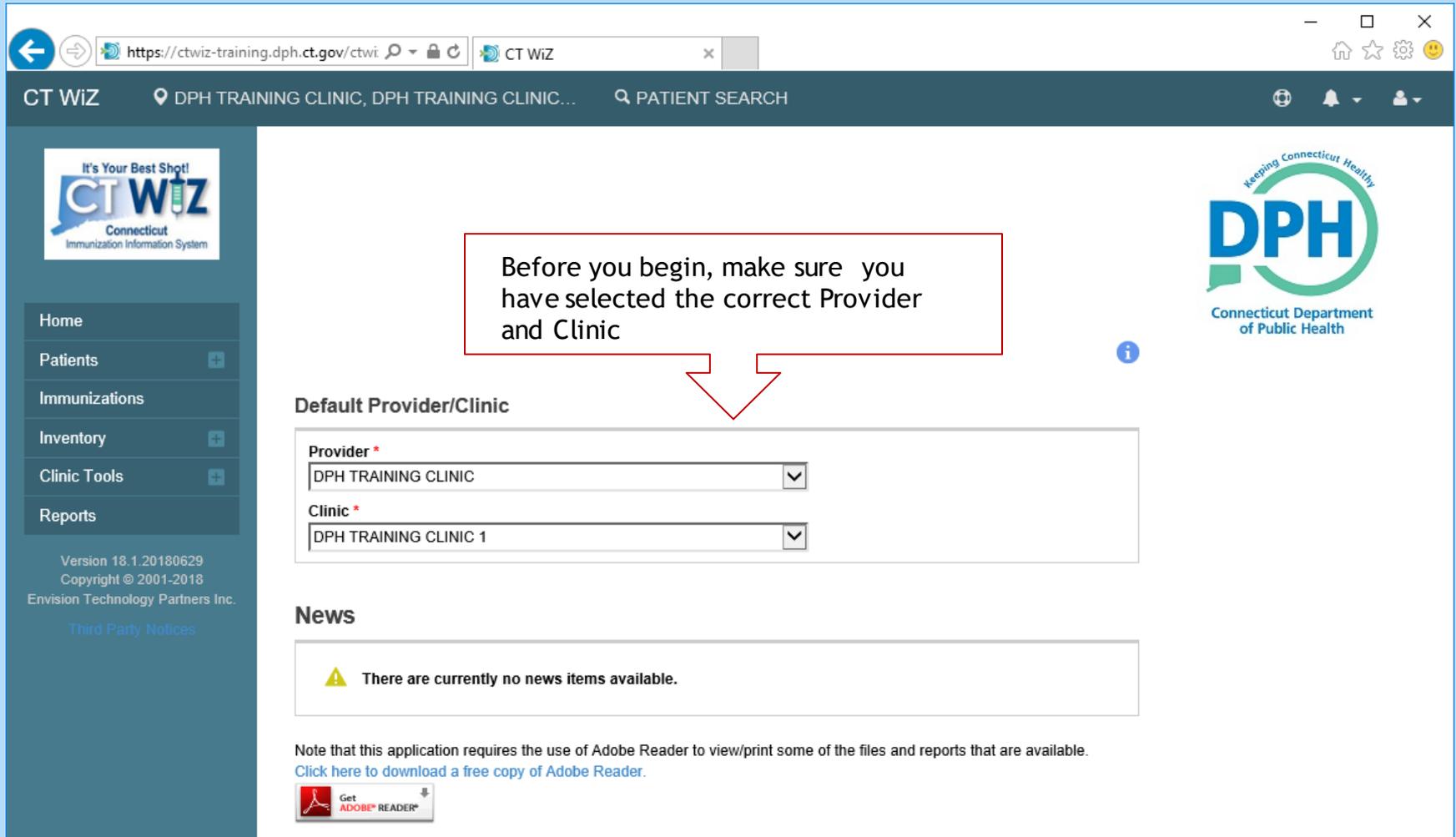




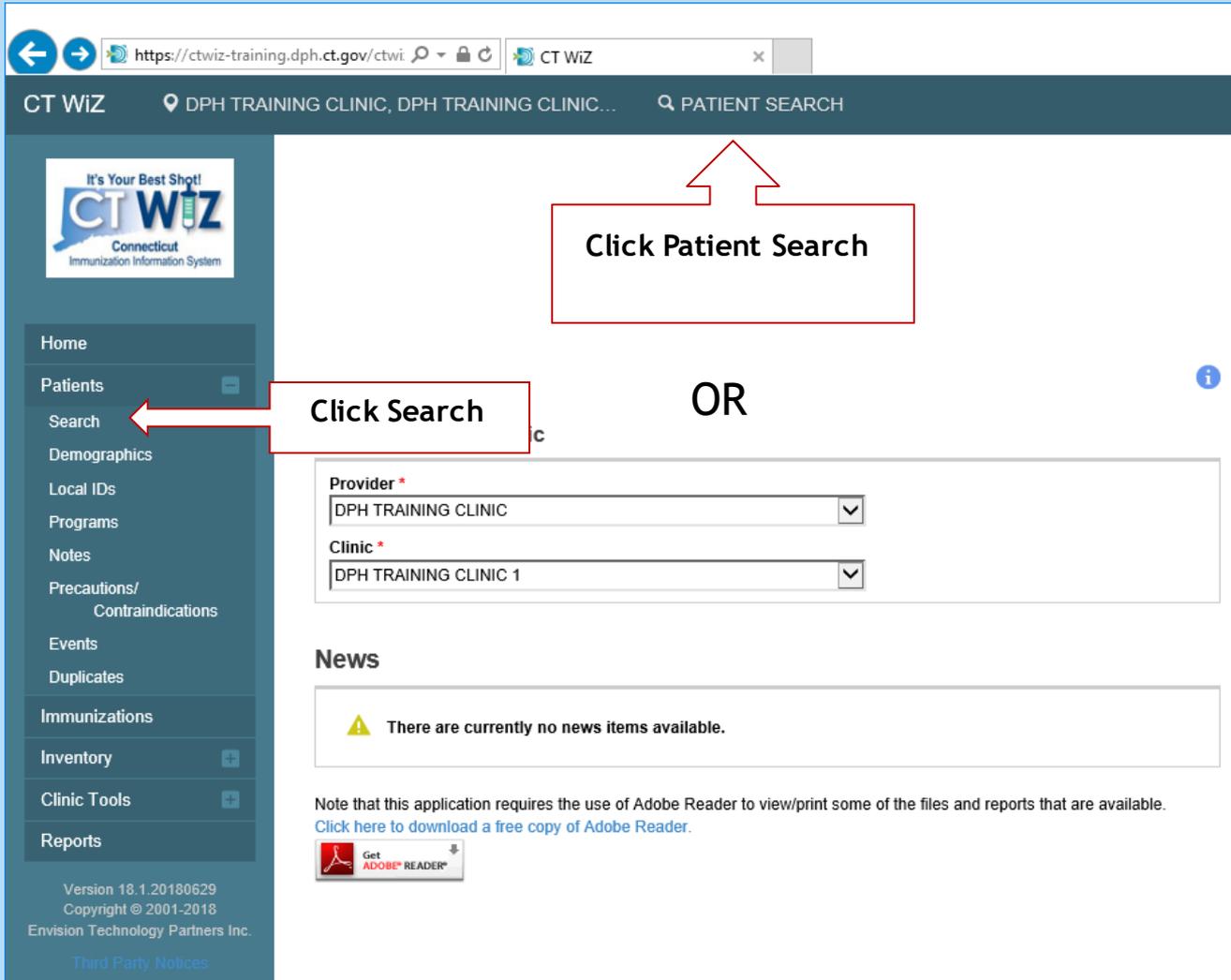
How do I search for, view and modify a patient record?

Home Screen - Searching for a Patient



The screenshot shows a web browser window with the URL <https://ctwiz-training.dph.ct.gov/ctwi>. The page title is "CT WIZ" and the breadcrumb navigation shows "DPH TRAINING CLINIC, DPH TRAINING CLINIC...". The main navigation menu includes "Home", "Patients", "Immunizations", "Inventory", "Clinic Tools", and "Reports". The "Patients" menu item is highlighted with a plus sign. The main content area features the "It's Your Best Shot! CT WIZ Connecticut Immunization Information System" logo on the left and the "DPH Connecticut Department of Public Health" logo on the right. A red box with a downward-pointing arrow contains the text: "Before you begin, make sure you have selected the correct Provider and Clinic". Below this, the "Default Provider/Clinic" section contains two dropdown menus: "Provider *" with "DPH TRAINING CLINIC" selected, and "Clinic *" with "DPH TRAINING CLINIC 1" selected. The "News" section displays a warning icon and the text: "There are currently no news items available." At the bottom, a note states: "Note that this application requires the use of Adobe Reader to view/print some of the files and reports that are available. [Click here to download a free copy of Adobe Reader.](#)" Below the note is a "Get ADOBE READER" button.

Start by searching for the patient



The screenshot shows the CT WIZ web application interface. The browser address bar displays <https://ctwiz-training.dph.ct.gov/ctwi>. The page header includes "CT WIZ", "DPH TRAINING CLINIC, DPH TRAINING CLINIC...", and a "PATIENT SEARCH" button. A sidebar on the left contains a navigation menu with items: Home, Patients, Search, Demographics, Local IDs, Programs, Notes, Precautions/Contraindications, Events, Duplicates, Immunizations, Inventory, Clinic Tools, and Reports. The main content area features a "Click Patient Search" callout box with an arrow pointing to the search button, and a "Click Search" callout box with an arrow pointing to the "Search" menu item. Below these is a form with "Provider" and "Clinic" dropdown menus, both set to "DPH TRAINING CLINIC". A "News" section contains a warning icon and the text "There are currently no news items available." At the bottom, there is a note about Adobe Reader and a "Get ADOBE READER" button.

To get to the Search screen, click in one of the places shown here.

Conducting a Search

CT WIZ DPH TRAINING CLINIC, DPH TRAINING CLINIC 1, 7777 PATIENT SEARCH



[Links](#)

Patient Search i

Search Criteria

Patient ID	Identifier Type	Identifier Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB		Gender
<input type="text" value="MM/DD/YYYY"/>		<input type="text"/>

Previous Criteria
Clear
Search

Info: To minimize the creation of duplicates and aid in the identification of existing duplicates, please initially search for your patient using the first two letters of the first and last name and the date of birth. If a duplicate is found, please notify the helpdesk.

Once you are on the Patient Search screen:

- Enter your search criteria
- Click on the Search button to find any matching patients

Possible search criteria:

- First 2 letters of first and last names (John Smith = Jo & Sm)
- Patient date of birth
- Other identifier (see Identifier Type drop down)
- Patient ID

You should perform searches a few different ways to find the patient. Using less characters will give you a larger result, which could be helpful if the patient has a hyphenated last name or a misspelling. You want to make sure you thoroughly search for patients to avoid creating duplicate patients.



Home

Patients

Search

Demographics

Local IDs

Programs

Contacts

Notes

Precautions/
Contraindications

Events

Exemptions

Duplicates

Immunizations

Education

IZ Quick Add

Patient Search [Learn More](#)

Links

Search Criteria

Patient ID	Identifier Type	Identifier Value			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Last Name	First Name	Middle Name	DOB	Gender	
<input type="text" value="kl"/>	<input type="text" value="TO"/>	<input type="text"/>	<input type="text" value="01/01/2020"/>	<input type="text"/>	
<input type="button" value="Previous Criteria"/>				<input type="button" value="Clear"/> <input type="button" value="Search"/>	

Search Results - 0 record(s)

 There are no patients that match your search criteria.

You may add a new patient by clicking the 'New Patient' button.

Add a New Patient

CT WIZ

DPH TRAINING CLINIC, DPH TRAINING CLINIC 1, 7777

PATIENT SEARCH



Patient Search [Learn More](#)

Links

Search Criteria

Patient ID	Identifier Type	Identifier Value		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last Name	First Name	Middle Name	DOB	Gender
<input type="text" value="KI"/>	<input type="text" value="TO"/>	<input type="text"/>	<input type="text" value="01/01/2020"/>	<input type="text"/>
<input type="button" value="Previous Criteria"/>			<input type="button" value="Clear"/>	<input type="button" value="Search"/>

Search Results - 0 record(s)

 There are no patients that match your search criteria.

You may add a new patient by clicking the 'New Patient' button.

Click here to add
a new patient

CT WIZ DPH TRAINING CLINIC, DPH TRAINING CLINIC 1, 7777 PATIENT SEARCH



It's Your Best Shot!
CT WIZ
Connecticut
Immunization Information System

- Home
- Patients
- Search
- Demographics
- Local IDs
- Programs
- Contacts
- Notes
- Precautions/
Contraindications
- Events
- Exemptions
- Duplicates
- Immunizations
- Education

Patients New

Click "Create" to create a new patient. [i](#)

Add

Last Name *	First Name *	Middle Name	Generation
KITTEN	TOM		▼
DOB *	Gender *		
01/01/2020 	MALE ▼		
Mother Maiden	Mother First		
GATO	TOMASINA		

[Create](#)

1. Enter patient data.
2. Click on create

*Remember: * = required*

CT WiZ DPH TRAINING CLINIC, DPH TRAINING CLINIC 1, 7777 PATIENT SEARCH

KITTEN, TOM ID: 896225 DOB: 01/01/2020 AGE: 0Y 4M 12D GENDER: M

Patient Demographics [?](#) [Learn More](#) Cancel Links Settings Update

Edit

[Patient Info](#) | [Primary Contact](#) | [Alias](#) | [Health Ins](#) | [Contact Info](#) | [Address](#) | [Race/Ethnicity](#) | [Birth Info](#)

Patient Information

Last Name * First Name * Middle Name Generation

KITTEN TOM ▼

Gender * DOB * Birth Time

MALE 01/01/2020 HH:MM AM/PM (HH:MM A/P)

Patient Eligibility *

Language

English Speaking? Interpreter Needed?

History of Varicella Date of Varicella

NO HISTORY OF VARICELLA MM/DD/YYYY

Primary Contact

Relationship Type Last Name First Name Middle Name Generation

▼ ▼

Alias

1. Enter patient demographic data
2. Click **update** to save.

*Remember: * = required*



Viewing a patient record

CT WIZ DPH TRAINING CLINIC, DPH TRAINING CLINIC 1, 7777 PATIENT SEARCH

Patient Search Links

Search Criteria

Patient ID Identifier Type Identifier Value

Last Name First Name Middle Name DOB Gender

PETER RABBIT MM/DD/YYYY

Previous Criteria Clear Search

Search Results - 1 record(s)

ID	Name	Gender	DOB	Action
850427	RABBIT, PETER 25 MAIN STREET NIANTIC, CT 06357	M	12/01/2016	Demographics

You may add a new patient by clicking the 'New Patient' button.

Patient Preview

RABBIT, PETER

ID: 850427 DOB: 12/01/2016 Gender: M
 Patient Eligibility: VFC Eligible - Medicaid/Medicaid
Managed Care
 Mailing Address: 25 MAIN STREET NIANTIC, CT 06357
 Physical Address: 25 MAIN STREET NIANTIC, CT 06357
 Primary Contact: JOSEPHINE RABBIT
 Mother's Name: RABBIT
 Clinic: DPH TRAINING CLINIC 1
 Clinic Status: ACTIVE AS OF 07/30/2018
 Jurisdiction Status: ACTIVE

Hover over the patient to see a Patient Preview, Double click to view the patient's demographics, or Click on the Demographics button.

Viewing a Specific Section of the Patient Record

https://ctwiz-training.dph.ct.gov/ctwiz_training/WebCode/Patients/Se CT WIZ

CT WIZ DPH TRAINING CLINIC, DPH TRAINING CLINIC 1, 7777 PATIENT SEARCH

[Links](#)

Patient Search

Search Criteria

Patient ID	Identifier Type	Identifier Value		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last Name	First Name	Middle Name	DOB	Gender
<input type="text" value="RABBIT"/>	<input type="text" value="PETER"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>

Search Results - 1 record(s)

ID	Name	Gender	DOB	Action
850427	RABBIT, PETER 25 MAIN STREET NIANTIC, CT 06357	M	12/01/2016	? <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <ul style="list-style-type: none"> Demographics Immunizations Duplicates Events Local IDs Notes Outreach Precautions / Contraindications Programs </div>

You may add a new patient by clicking the 'New Patient' button.

Click Action drop down to access specific sections of the patient record

- Home
- Patients
- Search
- Demographics
- Local IDs
- Programs
- Notes
- Precautions/Contraindications
- Events
- Duplicates
- Immunizations
- Inventory
- Clinic Tools
- Reports

CT WIZ DPH TRAINING CLINIC, DPH TRAINING CLINIC 1, 7777 PATIENT SEARCH

RABBIT, PETER ID: 850427 DOB: 12/01/2016 AGE: 1Y 7M 29D GENDER: M

Patient Demographics

Cancel Links Update

Edit

Patient Info | Primary Contact | Alias | Health Ins | Contact Info | Address | Race/Ethnicity | Birth Info

Patient Information

Last Name * RABBIT First Name * PETER Middle Name Generation

Gender * MALE DOB * 12/01/2016 Birth Time HH:MM AM/PM (HH:MM A/P)

Patient Eligibility *

(V02) VFC ELIGIBLE - MEDICAID/MEDICAID MANAGED CARE

Language ENGLISH English Speaking? Interpreter Needed?

History of Varicella NO HISTORY OF VARICELLA Date of Varicella MM/DD/YYYY

Primary Contact

Relationship Type * MOTHER Last Name * RABBIT First Name * JOSEPHINE Middle Name Generation

Alias

Last Name First Name Middle Name Generation

Sources of Health Insurance

Health Insurance Source (identify up to three)	Insurance ID or Number	Date Last Verified	Primary?
MEDICAID		MM/DD/YYYY	<input checked="" type="checkbox"/>
		MM/DD/YYYY	<input type="checkbox"/>
		MM/DD/YYYY	<input type="checkbox"/>

Contact Information

Home Phone 999-999-9999 Cell Phone 999-999-9999 Work Phone 999-999-9999 ext: E-mail

Address is Unavailable or Temporary Do Not Include Patient in Reminder/Recall

This section includes:

- Patient Information
- Primary Contact
- Source of Health Insurance

Click Update button if any changes are made.

Click on  button in the upper right to view:

- Address history
- Insurance history
- Patient's emergency contacts

Navigating to Patient's Immunization Home Screen

CT WIZ DPH TRAINING CLINIC, DPH TRAINING CLINIC 1, 7777 PATIENT SEARCH

RABBIT, PETER ID: 850427 DOB: 12/01/2016 AGE: 1Y 7M 29D GENDER: M

Patient Demographics ? i Cancel Links Update

Edit

[Patient Info](#) | [Primary Contact](#) | [Alias](#) | [Health Ins](#) | [Contact Info](#) | [Address](#) | [Race/Ethnicity](#) | [Birth Info](#)

Patient Information

Last Name * First Name * Middle Name Generation

Gender * DOB * Birth Time (HH-MM A/P)

Patient Eligibility *

Language English Speaking? Interpreter Needed?

History of Varicella Date of Varicella

Primary Contact

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

Alias

Last Name First Name Middle Name Generation

Sources of Health Insurance

Health Insurance Source (identify up to three)	Insurance ID or Number	Date Last Verified	Primary?
<input type="text" value="MEDICAID"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="checkbox"/>

Contact Information

Home Phone Cell Phone Work Phone ext.

E-mail

Address is Unavailable or Temporary Do Not Include Patient in Reminder/Recall

From the Patient Demographics, click on the Immunizations module to navigate to the patient's immunizations.

- Home
- Patients
- Search
- Demographics
- Local IDs
- Programs
- Notes
- Precautions/Contraindications
- Events
- Duplicates
- Immunizations**
- Inventory
- Clinic Tools
- Reports

The Immunizations Home screen shows:

- Varicella history
- Vaccines recommended for that day
- Recorded vaccines in CT WiZ, historical and administered (including an ! to indicate invalid doses)

More detail on the Immunization Module can be seen in other training material.

BUNNY, BENJAMIN ID: 850430 DOB: 01/15/2017 AGE: 1Y 6M 17D GENDER: M

Immunizations Home Links Select Action

[Learn More](#)

View

DOB: 01/15/2017 Age: 1Y 6M 17D History of Varicella?: NO Date of Varicella: MM/DD/YYYY

Recommended Immunizations for today, 8/1/2018 (1Y 6M 17D)

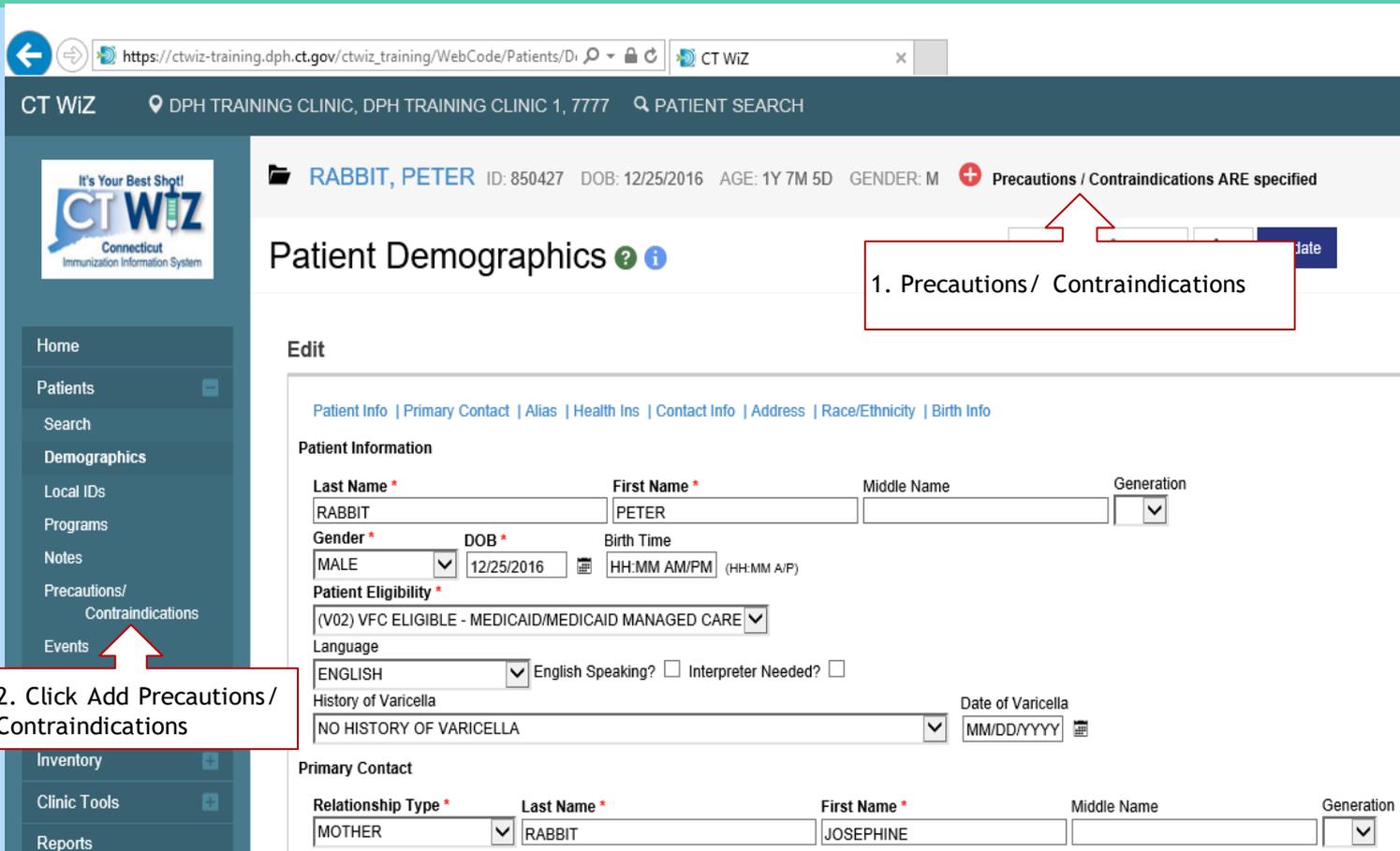
Vaccine

- PCV13
- MMR
- Hep B, ped/adol
- Polio-IPV
- DTaP
- Varicella
- Hib (PRP-T)
- Hep A, ped/adol, 2D
- Influenza Quad Inj P

Please do not rely solely on the Recommender to forecast immunizations. Utilize clinical judgment and consult both the ACIP recommended immunization schedules and the CDC Pink Book @ <http://www.cdc.gov/vaccines/pubs/pinkbook/index.htm#chapters>

Vaccine	Dose	Date	Age	Clinic			
DTaP / TD / Tdap							
DTaP-HepB-IPV	1	03/11/2017	0Y 1M 24D	PR	H	?	Update
DTaP-Hib (TriHIBit)	2	05/11/2017	0Y 3M 26D	PR	H	?	Update
DTaP-HepB-IPV	3	07/14/2017	0Y 5M 29D	PR	H	?	Update
Polio							
DTaP-HepB-IPV	1	03/11/2017	0Y 1M 24D	PR	H	?	Update
DTaP-HepB-IPV	2	07/14/2017	0Y 5M 29D	PR	H	?	Update
Hib							
Hib (PRP-d)	1	03/11/2017	0Y 1M 24D	PR	H	?	Update
DTaP-Hib (TriHIBit)		!	05/11/2017	0Y 3M 26D	PR	H	?

2 Ways of Viewing Precautions/Contraindications



https://ctwiz-training.dph.ct.gov/ctwiz_training/WebCode/Patients/Dr... CT WIZ

CT WIZ DPH TRAINING CLINIC, DPH TRAINING CLINIC 1, 7777 PATIENT SEARCH

RABBIT, PETER ID: 850427 DOB: 12/25/2016 AGE: 1Y 7M 5D GENDER: M + Precautions / Contraindications ARE specified

Patient Demographics ? i

1. Precautions / Contraindications

Edit

Patient Info | Primary Contact | Alias | Health Ins | Contact Info | Address | Race/Ethnicity | Birth Info

Patient Information

Last Name * RABBIT First Name * PETER Middle Name Generation

Gender * MALE DOB * 12/25/2016 Birth Time HH:MM AM/PM (HH:MM A/P)

Patient Eligibility *
(V02) VFC ELIGIBLE - MEDICAID/MEDICAID MANAGED CARE

Language ENGLISH English Speaking? Interpreter Needed?

History of Varicella NO HISTORY OF VARICELLA Date of Varicella MM/DD/YYYY

Primary Contact

Relationship Type * MOTHER Last Name * RABBIT First Name * JOSEPHINE Middle Name Generation

2. Click Add Precautions / Contraindications

1. Click on the red cross on the Banner across the patient record
2. Click Precautions / Contraindications in the Patients Module drop -
This includes allergies

Adding Precautions/Contraindications

MOUSE, MINNIE ID: 896040 DOB: 04/10/2019 AGE: 0Y 0M 14D GENDER: F

Patient Precautions / Contraindications ⓘ Add Precautions / Contraindications

Click Add Precautions/
 Contraindications

MOUSE, MINNIE ID: 896040 DOB: 04/10/2019 AGE: 0Y 0M 14D GENDER: F

Patient Precautions / Contraindications ⓘ ? ⓘ Cancel Create

Add

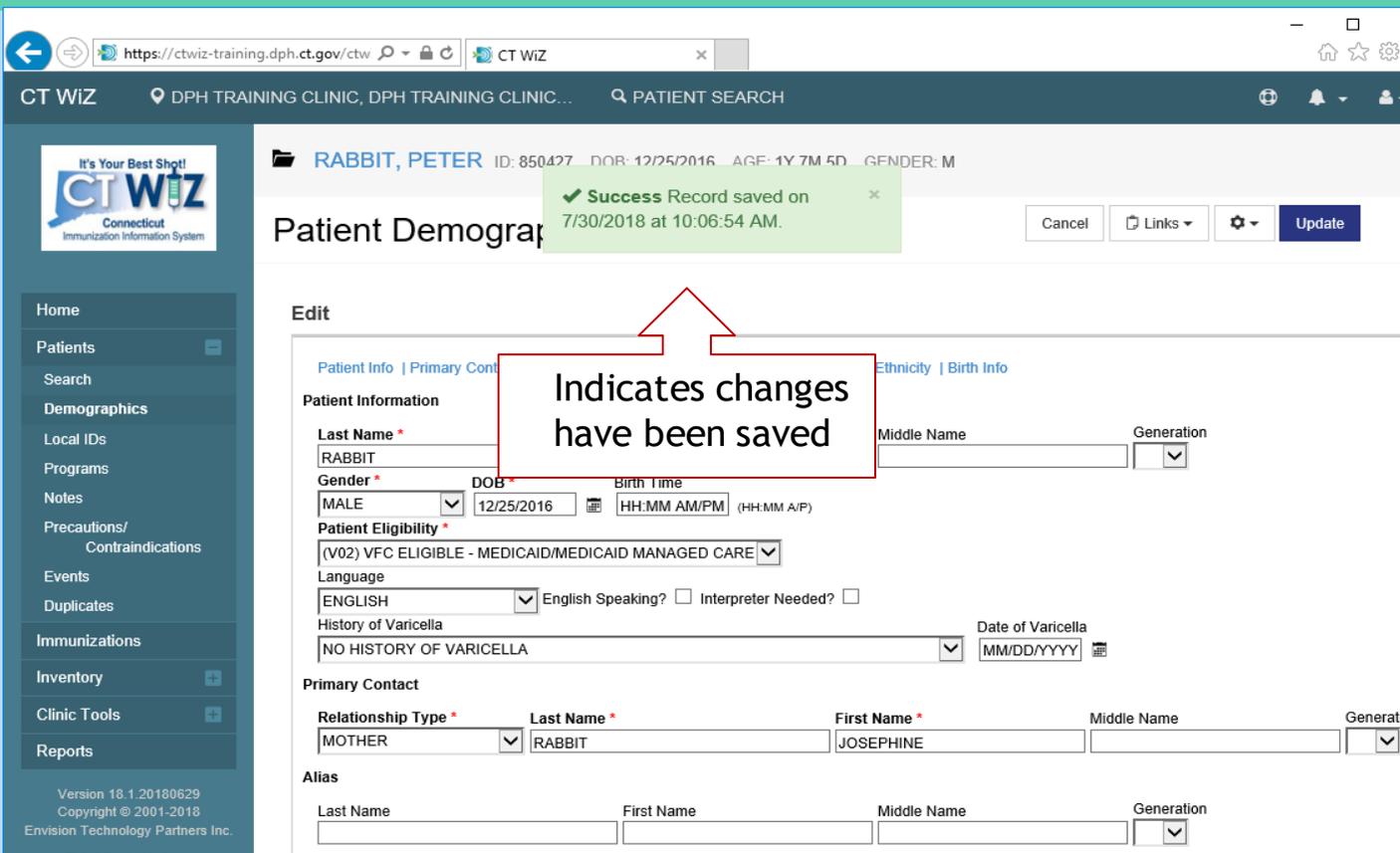
Author *	Effective Date	Expiration Date	
KING, LAURA (--)	04/24/2019	MM/DD/YYYY	
Provider *	CVP TRAINING CLINIC REGION 2		
Precautions / Contraindications *	HYPERSENSITIVITY TO ALUM		
Comments	<input style="width: 100%; height: 20px;" type="text"/>		
Associated Vaccine(s)	Hep A, adult, Hep A, ped/adol, 2D, Hep A, ped/adol, 3D, Hep A, ped/adol, UF, Hep A, UF, HepA/B (TWINRIX)		

- Complete fields with *
- Add an Effective Date and Expiration Date, if applicable
- Add a Comment, if necessary



Modifying a Patient Record

Modifying a Patient Record



CT WiZ DPH TRAINING CLINIC, DPH TRAINING CLINIC... PATIENT SEARCH

RABBIT, PETER ID: 850427 DOB: 12/25/2016 AGE: 1Y 7M 5D GENDER: M

Success Record saved on 7/30/2018 at 10:06:54 AM.

Cancel Links Update

Home Patients Search Demographics Local IDs Programs Notes Precautions/Contraindications Events Duplicates Immunizations Inventory Clinic Tools Reports

Version 18.1.20180629 Copyright © 2001-2018 Envision Technology Partners Inc.

Indicates changes have been saved

Patient Information

Last Name * RABBIT Middle Name Generation

Gender * MALE DOB 12/25/2016 Birth Time HH:MM AM/PM (HH.MM A/P)

Patient Eligibility * (V02) VFC ELIGIBLE - MEDICAID/MEDICAID MANAGED CARE

Language ENGLISH English Speaking? Interpreter Needed?

History of Varicella NO HISTORY OF VARICELLA Date of Varicella MM/DD/YYYY

Primary Contact

Relationship Type * MOTHER Last Name * RABBIT First Name * JOSEPHINE Middle Name Generation

Alias

Last Name First Name Middle Name Generation

1. Edit information.
2. Click **Update**.

** You cannot update a patient's date of birth. If the DOB needs to be corrected, submit a CT WiZ Help Desk Request:

<https://dph-cthelpdesk.ct.gov/Immunization/IndexCreateTkt>

How To Get Help

- Click on the  located at the top of the page to get a description of whichever screen you are on.
- Some pages have a [Learn More](#) link. Click on this to see short "How to" videos. These appear on a separate page so you can play videos while navigating through CT WiZ.
- Visit the CT WiZ training page [here](#). The training page has numerous documents and step by step videos to help you.
- Still can't find an answer to your question? After you exhausted all the of the above options, submit a help desk ticket to get the quickest answer. You may do so [here](#).

