## Immunization Referral Response Checklist

(This information, which is recommended to be included 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)