

General: For All Patients

Referring Practice Agrees to:

- M** Prepare patient for their immunization referral
 - Patient/family made aware of and in agreement with reason for referral, which immunizations are recommended, and selection of immunizing site
 - Patient provided with information to prepare for their immunization
- M** Provide appropriate and adequate information
 - Demographic and insurance information
 - List of recommended vaccines (include vaccine type, dose information)
 - Allergies and/or contraindications
 - Additional information that is essential for effective patient engagement:
 - Patient's vaccine deliberation status
 - Preference for vaccine administration site (for example, left/right arm)
 - Patient's preferred language
 - Other comments
- M** Provide immunizing practice with direct contact information for additional information or urgent matters
- M** Contact the patient, if deemed appropriate, when notified by immunizing practice of failure to keep appointment

Immunizing Practice Agrees to:

- M** Indicate acceptance of vaccine referral
- M** Refer follow-up of any secondary diagnoses or issues back to referring practice for handling unless directly related to vaccine administration
- M** Notify referring practice of no-shows and cancellations
- M**