

Immunization Referral Request Checklist



(This information, which is recommended to be included **with all immunization referrals**, 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].)

1. Patient demographics and scheduling information

- Patient name, age, additional demographics, and contact information (including surrogate if appropriate)
- Referring clinician name and contact information (including method for direct contact for urgent issues)

2. Referral information

- Indicate the specific vaccines and timing of administration needed (including dose information)
- Allergies/contraindications
- Additional information that is essential for effective engagement
 - Patient vaccine deliberation status
 - Preference for vaccine administration site (left/right arm)
 - Patient's preferred language
 - Other comments

3. Care coordination

The referring practice requests notification from the immunizing practice of the following: (check any applicable)

- Receipt of the referral
- Date of scheduled appointment
- Decision to defer appointment and reason why
- Patient cancellation or no-show for the appointment
- Any significant adverse reactions
- Documentation of vaccines administered (indicate method of documentation:
 - EMR state immunization registry patient's vaccination card fax to practice
 - other: _____)