Michigan Department Of Community Health
MDCH

# Adolescent Immunization Reminder/Recall Project
# FACILITY ENROLLMENT FORM

FOR OFFICE USE ONLY

Entered By: _____

Date Entered: _____

County IAP:_____

County Rep:_____

**PROVIDER CONTACT INFORMATION**

| | | | |
|---|---|---|---|
| FACILITY NAME | | MCIR ID | VFC PIN *(If Applicable)* |
| STREET ADDRESS | CITY | COUNTY | ZIP CODE |
| MAILING ADDRESS *(If Different)* | CITY | COUNTY | ZIP CODE |
| PHONE NUMBER | FAX NUMBER | OFFICE EMAIL | |
| FACILITY PROJECT CONTACT | PHONE | EMAIL | |

**PROVIDER PROJECT PREFERENCES *(Please circle your responses)***

| | | |
|---|---|---|
| ARE YOU CURRENTLY RUNNING REMINDERS OR RECALLS FOR YOUR PATIENTS? | YES NO | COMMENTS: |
| IF YES, FOR WHAT TARGET AGES? *(Circle all that apply)* | 11-36mo 11-12 yrs 13-18 yrs Other_____ | COMMENTS: |
| IF YES, WHAT METHODS ARE YOU USING? *(Circle all that apply)* | LETTER POSTCARD PHONE TEXT EMAIL | COMMENTS: |
| IF YOU COULD START RUNNING REMINDERS OR RECALLS OR IMPLIMENT ADDITIONAL METHODS, WHICH METHODS WOULD YOU PREFER? (*Circle all that apply)* | LETTER POSTCARD PHONE TEXT EMAIL | COMMENTS: |
| WHAT EMR DOES YOUR FACILITY USE? | | COMMENTS: |
| WHAT DOES YOUR EMR HAVE THE ABILITY TO SEND? *(Circle all that apply)* | LETTER POSTCARD PHONE CALL TEXT EMAIL | COMMENTS: |
| WHAT DOES YOUR EMR HAVE THE ABILITY TO CAPTURE? *(Circle all that apply)* | HOME PHONE NUMBER CELL PHONE NUMBER EMAIL | COMMENTS: |
| DOES YOUR EMR HAVE A CHECKBOX FOR A PATIENT TO OPT-IN OR OPT-OUT OF REMINDER/RECALLS? | YES NO DO NOT KNOW | COMMENTS: |

**PROVIDER PATIENT PROFILE**

| | | |
|---|---|---|
| HOW MANY ACTIVE PATIENTS DO YOU SERVE WHO ARE AGED 11 UP TO 18? | | |
| WHAT ARE YOUR CURRENT COVERAGE LEVELS FOR: *(Leave blank if unknown)* | Tdap | |
| | MCV4 | |
| | HPV-1 | |
| | HPV-3 | |
| | Flu | |

**When form is completed, either email to mcnultyc@michigan.gov or fax to 517-335-9855 (Attention: Cassandra McNulty)**

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|---|
| WHAT CURRENT CHALLENGES EXIST THAT PREVENT YOUR FACILITY FROM REACHING 100% COVERAGE AMONG YOUR ADOLESCENTS? |
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