

Merging Client Records: Best Practice Reminders

Evaluate records closely to make sure they should be merged. In some cases the records should not be merged. If you are not 100% sure, DO NOT MERGE!

1 Each box “checked” represents one existing record or one incoming message. Double check to ensure each record should be merged together. If one record should not be merged, simply “uncheck” the box,

2 The Master Record selected should be the most complete and up-to-date for the demographics. All the immunizations from each record will be included upon selecting Merge.

3 Navigate back to the merge queue home page, previous record, or next record in the queue, using these navigation buttons.

4 Note that multiple columns may display to the right of the record without the ability to “check” them. These represent previous versions of the record.

5 Once you have reviewed each record and determined if the records should be merged, select Merge. If the incoming message should not be merged with the existing record(s), select New Patient.

Incoming Patient		1 System Match	System Match	System Match
<input checked="" type="checkbox"/>	Merge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/>	Master Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n/a	SIIS ID	1296205	1296214	1296214
15705	Organization System ID	15705	15705	15705
MISSOULA COUNTY HEALTH DEPARTMENT	Organization Facility ID	MISSOULA COUNTY HEALTH DEPARTMENT	MISSOULA COUNTY HEALTH DEPARTMENT	MISSOULA COUNTY HEALTH DEPARTMENT
PH12310008980	Organization Patient ID	3098919.BYPASS.PH123108980	PH12314508980	PH123108980
DOGGY	First Name	DOGGY	DAPHY	DAPHY
SAUCY	Middle Name	S	S	SAUCY
BOONE	Last Name	BOONE	BOONE	BOONE
	Suffix			
01/01/2001	Birth Data	01/01/2001	01/01/2001	01/01/2001
M	Sex	M	F	F
	SSN			
	Medicaid Number			
	Birth File			
White	Race			
	Language			
	Mother Maiden			
SOMMY	Grd First Name	SOMMY		SOMMY
	Grd Middle Name			
SALLY	Grd Last Name	SALLY	SALLY	SALLY
	Guardian SSN			
666 LANE	Street Address	1234 PUPPY LANE	666 LANE	666 LANE
TOWNSEND	City	HELENA	TOWNSEND	TOWNSEND
MT	State	MT	MT	MT
59611	Zip Code	59601	59611	59611
(406)240-6184	Phone	(406)240-6184		
	Email			
	Health Plan			
	Health Plan ID			
	HP Enroll Date			
	Multi Birth Indicator			
	Birth Order			
	Block Mail Reason			
07/18/2019 12:53:50	Registry Entry	07/18/2019 09:15:29	07/18/2019 12:50:46	07/18/2019 09:58:21
<input type="checkbox"/> Make Incoming Record Historical				
Return to Select Screen		Previous	5 Merge	3 New Patient

Caution: This record is a twin and should not be merged.

Patient Vaccination Records							
Incoming Patient		System Match		System Match		System Match	
Date	Vaccine	Date	Vaccine	Date	Vaccine	Date	Vaccine
06/14/2019	DTaP-IPV	06/17/2019	Pneumococcal conjugate PCV 13	06/14/2019	DTaP-IPV	06/14/2019	DTaP-IPV
		06/17/2019	Hib (PRP-T)				
		06/17/2019	rotavirus, pentavalent				
		06/17/2019	DTaP-Hep B-IPV				