

NPDR

Entering Pharmacy Parkinson's Disease Patient Data

Please submit a patient's record only once per prescriber/clinic.

To enter a patient form:

1. Click on Clients then Client Search.



2. Search for patient by entering last name, first name, and birth date, then press **Search**.

Client Search		
* Last Name TestPh	Gender 🗸	Search
* First Name TestPh	SSN	
Middle Name	Phone	
* Birth Date 01/31/1900	NESIIS ID	

2a. If the client does not exist, select Enter New Client and go to Step 3.

Client Search Criteria/Results				
* Last Name [TestPh	Gender	•	Search	
* First Name TestPh	SSN -		Clear	
Middle Name	Phone -		Enter New Client	
* Birth Date 01/31/1900	NESIIS ID		Cancel	
No clients were found for the requested search criter Client" button.	ia. Please enter additional search criteria. If this	s is a new client to the NPDR	, please select the "Enter New	
			Possible Matches:0	
Last Name First Name Middle Name	Birth Date Last 4 SSN	Address	NESIIS ID Conf PD	

2b. If the patient appears in the search results, click the patient's Last Name.

Client Searc	h Criteria/Results						
* Last Name	Test]	Gender	~	Sea	arch
* First Name	Test]	SSN		Cle	ear
Middle Name]	Phone		Enter Ne	w Client
* Birth Date	01/01/1970			NESIIS ID		Car	ncel
						Possible	Matches:1
Last Name	First Name	Middle Name	Birth Date	Last 4 SSN	Address		Conf PD
TEST	TEST		01/01/1970		DUCK ROAD ST, SYRACUS	E, NE	N

We don't need new medication information if "Confirmed PD" appears at the top of the Manage Client page. However, please complete or update the patient information, if needed. To update the patient address, type the new street address over the current one then the **zip code**. The city, state, and county will auto populate. If a zip code represents more than one city, a drop down will appear then choose the city. Click **Save** then **Clients** to enter a new patient record. Go to Step 8 to logout.

Production Region	Manage Client				NESIIS	ID: 11348437	
Clients	Client Information		Confirmed PD			Save	
Data Exchange	* Last Name TEST		SSN]-[]-[]	F	Record Meds	
	* First Name TEST		* Status Active	~		Cancel	
	Middle Name		Date of Death	Ë			
	Suffix	~	Language ENGLIS	SH 🗸			
	* Birth Date 08/31/1937	é	Birth Country UNITED	O STATES 🗸			
	* Gender Male	•					
			Ethnicity	~			
			Race (select all that	apply)			
			American Indian o	or Alaska Native			
			Native Hawaiian e	or Other Pacific Islander			
			Black or African A	American			
			White Other Race				
	Last Updated by Jill Krause fr	om TEST PHARMACY on 01/28/20	22				
	Current Address/Contact	Information 🔺					
	[back to top]						
	Street Address 123 Main S	Street	Phone -				
	Other Address		Extension				
	P.O. Box		Type of Phone Home				
	Zip 68002 +	+4	F-mail				
	* City ARLINGT	N * State NE ✓					
	County Washingto	on 🗸					
	Client Primary Addres	s History					
	Start Date End Date	Street Address	City	State Zip+4	County	Edit Delete	
	07/01/2020 10/31/2021	37938 45TH AVE	ARLINGTON	NE 68002-	Washington		

3. Enter **Client Information**. For **Address**, the street address then zip code. The city, state, and county will auto populate. If a zip code represents more than one city, click on the drop down arrow to choose the city.

* Last Name [restPh SSN , - ,	Client Information	Save	
<pre>* First Name TestPh</pre>	* Last Name TestPh	SSN - Record M	leds
Middle Name Date of Death E Suffix Language ENGLISH Language ENGLISH Birth Date 01/31/1900 E * Gender * Gender Ethnicity NITED STATES Ethnicity Race (select all that apply) American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American Black or African American White Other Race Current Address/Contact Information Street Address Phone Po. Box Po. Box Po. Box Type of Phone Home Type of Phone Home Type of Phone Home Email Current Address Current Address Current Address Phone Home Type of Phone Home Email Current Address Current Address Current Address Current Address Phone Home Current Address Current C	* First Name TestPh	* Status Active Cance	el
Suffix Language * Birth Date D1/31/1900 * Birth Date D1/31/1900 * Gender Ethnicity • Cervent Address/Contact Information * Current Address/Contact Information * Street Address Other Address Po. Box Po. Box Po. Box Y * State • City • State	Middle Name	Date of Death	
• Birth Date 01/31/1900 È • Gender ✓ Ethnicity ✓ Race (select all that apply) American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White Other Race Current Address/Contact Information ▲ ack to top) Street Address P.O. Box Phone ← Zip +4	Suffix	Language ENGLISH V	
Gender	* Birth Date 01/31/1900	Birth Country UNITED STATES	
Ethnicity Race (select all that apply) American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White Other Race Street Address P.O. Box P.O. Box P.O. Box Fig. +4 Fig. State Fig. Email Fig. City Street Address Fig. State Fig. Fig. Fig. Fig. Fig. Fig. Fig. Fig.	* Gender		
		Ethnicity	
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American White Other Race Current Address/Contact Information Ack to top Street Address Phone		Race (select all that apply)	
Asian Native Hawaiian or Other Pacific Islander Black or African American White Other Race Street Address Other Address Phone - Other Address Po. Box Zip +4 - Extension Type of Phone Home - Extension Type of Phone Home -		American Indian or Alaska Native	
Native Hawaiian or Other Pacific Islander Black or African American White Other Race Street Address Other Address Phone - Street Address Phone - - Extension Type of Phone Home City * State		□ Asian	
Black or African American White Other Race		□ Native Hawaiian or Other Pacific Islander	
White Other Race Street Address Other Address Other Address Phone - Phone - - City * State White Other Address Phone -		 Black or African American 	
Current Address/Contact Information ▲ ack to top] Street Address Other Address Phone P.O. Box Zip +4 City * City * State		White	
Current Address/Contact Information ▲ ack to top] Street Address Other Address PO. Box Zip +4 * City * State		Other Race	
Street Address Other Address P.O. Box Zip +4 * City * State Phone Extension Type of Phone Home E-mail	Current Address/Contact Informatio		
Street Address Phone	ack to top]	•	
Street Address Phone			
Other Address Extension Type of Phone Home ~ Zip+4 E-mail	Street Address	Dhana Dhana	
P.O. Box Extension Type of Phone Home V Zip +4 E-mail	Other Address		
Zip +4 E-mail E-mail	P.O. Box	Extension	
	7in	Type of Phone Home 🗸	
* City * State		E-mail	

- 4. When all information is entered, click Save.
- 5. Click **Record Meds** at the upper right top of the page.

SSN		
SSN Record Meds * Status Active Cancel		
SSN Record Meds * Status Active Cancel		Save
* Status Active V Cancel	SSN	Record Meds
	* Status Active 🗸	Cancel

Please complete one medication record for each unique prescriber/clinic of any medication on our 'List of Reportable Drugs.

Please disregard the following text box:

Don't Send Confirmation Request Warning: Checking this box means confirmation e-mails will not be sent to this clinician for this client, including for other medications prescribed by this clinician. This action cannot be undone.

6. Enter Medication Details.

a. Reporting Pharmacy - name and address of your pharmacy

b. **Prescribing Clinician** – who requested the medication. If the name isn't in the dropdown list, please *record the prescribers' name(s) and address(es)

c. **Date Reported** – defaults to the day you are entering information on the page, but it can be changed.

d. Active Ingredient/Strength – generic name of the medication and strength

e. Trade Name, NDC, Frequency (number of times per day), Quantity dispensed, and Days supply (number of days' worth of medication)

Add Medication Details	\$					
Client Information						NESIIS ID: 11783424
Client Name (First - MI - Last)	TESTPH TESTPH			Birth Date	01/31/1900	Gender F
Address 123 2ND ST, BELLE	EVUE, NE 68123				Phone	
-			_			
*Reporting Pharmacy			<u> </u>			Save
*Prescribing Clinician			~			Edit Client
*Date Reported 0	01/31/2022					Cancel
Don't Send Confirmation						
Warning: Checking this box i client, including for other me	means confirmation e edications prescribed	e-mails will not be sent to this clin by this clinician. This action canr	ician for this not be undone.			
Last Updated By:						
Medication Details						
View Client Address History	t					
Active Ingredient(s)/Strength	n			~		
Trade Name:				~		
NDC				~		
Frequency						
Quantity Dispensed						
Days Supply						

7. Click **Save**, then **Edit Client** to return to the first page.

*If prescribers aren't in the dropdown list, please send us a list with their names, addresses and NPI to email: <u>DHHS.NPDR@nebraska.gov</u> with the subject "NEW PHYSICIANS TO ADD."

8. To exit the system, click **Logout** in the top right corner.



Close the NESIIS tab

N Welcome to MyNeb	raska - My A _F × Nebraska State Immunization Ir	nf 🗙
\leftrightarrow \Rightarrow C \triangle	nesiis-dhhs-prod.ne.gov/prd_ir/logoff.do	
Apps 😗 Webex	S Google № dhhswebsiteauthori N Nebra	ska NX Vital N NESIIS 🔇 NPDR- New Accou 📧 Parkinson's Dis
NESIIS	Nebraska State Immunizat	tion Information System
Production Region	Hot Topics	HT-1
semame: JKrause-002 Login	No topics are available at this time. No topics are available at this time. Please check back	Posted on 02/25/2022

Click Logout on the main page.

