

## The Friarsgate Practice Private Flu vaccination questionnaire

<b>Your details:</b>	
Patient name:	
Signature:	
Date:	
Practice Nurse comments:	

**Please make sure you answer all questions fully. The Practice Nurse will use the information given to assess your eligibility for the flu vaccination.**

1. Is the patient under five years of age? YES  NO
2. Are you 65 years of age or over? YES  NO   
*[If you have answered 'yes' you are eligible for a free vaccination from your registered GP]*
3. Are you or do you think you may be pregnant? YES  NO
4. Are you allergic to anything? YES  NO   
*[In particular chicken, egg or antibiotics]*

• If yes, please provide further information of your allergy:

5. Do you have any significant infection at present, such as a chest infection?

YES  NO

• If yes, please provide further information:

6. Have you had a seasonal flu vaccination in the past 6 months?

YES  NO

7. Are you taking any medication?

YES  NO

• If yes, please state:

8. Are you suffering from any medical conditions?

YES  NO

• If yes, please state:

9. Have you ever fainted or felt dizzy after receiving an injection? YES  NO

10. Do you have any family history of febrile convulsions? YES  NO

**Once you have completed this questionnaire please phone the Friarsgate Practice on 0844 477 0947 to arrange an appointment for your private flu vaccination. This immunisation costs £15 per dose; payment is due at the time of appointment.**

**Please ensure you bring this completed for with you to your appointment.**

Kind regards.

**The Friarsgate Practice team**

*Please note: The Friarsgate Practice accepts cash, cheque, debit and credit card.  
(We do not accept American Express A 50p charge is payable for using a credit card)*



[www.friarsgatepractice.co.uk](http://www.friarsgatepractice.co.uk)

**Private Flu Vaccination Form**

Patients Name: \_\_\_\_\_ DoB: \_\_\_\_\_

Patients Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GP Name: \_\_\_\_\_

GP Surgery Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have completed the Private Flu vaccination questionnaire and confirm the information that I have provided is correct to the best of my knowledge. I would like to proceed with the vaccination at a cost of £15.00.

Patient consent: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Sign)

**Clinical Details:**

Has the patient completed a medical questionnaire?

YES  NO

- Comments:

Seasonal Flu Vaccination Given on: \_\_\_\_\_ Batch Number: \_\_\_\_\_

Given by: \_\_\_\_\_ (Please Sign) Name: \_\_\_\_\_

*The Friarsgate Practice will inform your registered GP that we have administered the Seasonal Flu Vaccination to you.*

Thank you.

The Friarsgate Practice.