PGD Patient Consultation Form Flu/Covid Vaccination

This form is designed to be used as a guide during a face to face consultation.

Client Demographic Details

Name		Sex	
DOB		Age	
Phone		Email	
Address			
GP Surgery		Consent to share information with GP if required	Yes/No

Clinician has checked correct details*	Yes/No
Consent to storage of health information	Yes/No

Good practice to check that contact details are correct and current.

Consent for Consultation and Treatment

Client is able to consent	Yes/No
Client is accompanied by someone able to consent on their behalf* *(Mother, father or other adult with parental responsibility, legal guardian or person with lasting power of attorney).	Yes/No/NA
Details of person consenting on behalf of another	

Name		Relationship / legal status	
Address			

The client is happy to go ahead with the consultation and treatment. The clinician will explain the recommended treatment, including relevant benefits, potential side effects, and appropriate measures for managing any adverse reactions.	Yes/No

Reason for today's appointment

Medical History. Use this information with the PGD to assess suitability for the vaccine.

Do you have any allergies? (Egg, latex or other)	Yes/No
Have you ever had a severe allergic reaction, or a reaction to a vaccination in the past?	Yes/No
Do you feel unwell or have a temperature today?	Yes/No
Do you have kidney or liver problems?	Yes/No
Are you pregnant or breast feeding?	Yes/No
Do you have a low immune system or take medication that can affect your immune system? (e.g. steroids, treatment for cancer)	Yes/No

Medical history

Current Medications – Include over-the-counter remedies and contraception

Details if yes to any of the above, or if client is currently unwell

Details of vaccine administered

Vaccine	Manufacturer	Batch Number	Expiry Date	Route	Site

Advice given / additional notes / reason if vaccine is not given or declined

Details of Registered Healthcare Professional completing the consultation

Name	Qualification	Signature	Date