NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service Record & Consent Form

Leybourne Pharmacy

*indicates sections that must be completed

Patient's Details			
First Name*			
Surname*			
Address			
Post Code			
Telephone			
Date of birth*		NHS No.	
GP Practice*			
Patient's Emergency Contact			
Name			
Telephone			
Relationship			
Patient Consent			

1. I agree to be given a flu vaccination by a trained pharmacist.
2. I confirm that I have not already recieved a flu vaccination for this flu season.
3. I declare that the information I have given on this form is correct and complete.
4. I consent to the disclosure of relevant information, where appropriate, from this form to:
   - my GP practive to help them provide care to me; and
   - NHS England (the national NHS body that manages pharmacy and other health services) and the NHS BSA for the purposes of checking payments to the pharmacy and to allow them to make sure the services is being provided properly.

Siganture		Date	

To be completed by pharmacy staff

Any allergies	

Eligible patient group*

☐ 65 years or over	☐ Chronic respiratory disease
☐ Chronic heart disease	☐ Chronic kidney disease
☐ Chronic liver disease	☐ Chronic neurological disease
☐ Diabetes	☐ Immunosuppression
☐ Asplenia / splenic dysfunction	☐ Pregnant woman
☐ Person in long-stay residential care home or care facility	☐ Carer
☐ Household contact of immunocomprimised individual	☐ Morbid obesity (BMI > 40)

Vaccination details

Name of vaccine / manufacturer*		**Date of vaccination**		***Pharmacy stamp***
Batch Number*		**Injection site***	☐ Left upper arm ☐ Right upper arm	
Expiry Date*		**Route of administration***	☐ Intramuscular ☐ Subcutaneous	
Any adverse effects*				
Advice given and any other notes				
Adminstered by*		**Signature***		**GPhC number***