

INTAKE FORM

Today's Date _____ Location Colfax Pullman Other _____

Client Name _____ Phone _____
(Last) (First) (Middle)

Client Address _____
(Street/P.O. Box) (City) (State) (ZIP)

Date of Birth _____ Age _____ Sex Male Female Transgendered

Race (Optional) Caucasian Native American Asian/Pacific African American Hispanic Other

My signature authorizes immunization and/or TB skin testing services to be provided by a Whitman County Public Health Nurse.

Authorized signature (Client/Guardian) _____

Complete if requesting sliding fee scale

Number in Household _____ Gross Household Income _____ Monthly Bi-monthly Annually

PLEASE DO NOT WRITE BELOW THIS LINE

90471	Vaccine Administration Fee x1 vax	20.00
925472	Vaccine Administration Fee x2+ vax	30.00
86500	TB Test, 1 Step Office Visit	45.00
86580	TB Test, 2 Step Office Visit	55.00

Diagnostic Code (Circle)

Z23	Encounter for Immunization
Z11.1	Encounter for TB Screening

(32) Immunization Service - Adult Private

90632	Hep A Adult (19+ years)	45.00
90739	Hep B/Hepisav (19+ years)	125.00
90658	Influenza Injection	25.00
90718	Tdap	48.00
90707	MMR	80.00

(32.01) Immunization Service - State Child Vaccines

90702-SL	DT	-
90700-SL	DTaP	-
90723-SL	DTaP/HBV/IPV (Pedarix)	-
90696-SL	DTaP/IPV (Kinrix/Quadracel)	-
90698-SL	DTap/HIB/IPV (Pentacel)	-
90633-SL	Ped Hep A	-
90744-SL	Hep B	-
90648-SL	HIB prp-t	-
90651-SL	Gardasil (HPV)	-
90657-SL	Influenza Injection (6-35 months)	-
90658-SL	Influenza Injection (3-18 years)	-
90672-SL	Influenza Flumist Nasal Spray (2-18 years)	-
90713-SL	IPV	-
90707-SL	MMR	-
90710-SL	MMRV	-
90669-SL	PCV-13	-
90680-SL	Rotavirus	-
90718-SL	Tetanus/TD	-
90715-SL	Tdap	-
90716-SL	Varicella	-
90734-SL	Meningococcal (Menactra)	-

Action (initial)

VFC Eligible?

- Medicaid/Medicaid Managed Care
- Uninsured
- American Indian/Alaskan Native
- Underinsured
- CHIP
- Private Insurance

Amount Due \$ _____

Sliding Fee Scale A B C D

Payment

- Check Check # _____
- Cash Receipt # _____
- Credit/Debit Order # _____
- Bill to _____

LPN: Deanna

Billed _____ Invoice # _____ Date _____ WAIS _____ Date _____
Client Management _____ Date _____

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

* PATIENT NAME _____


* DATE OF BIRTH _____ / _____ / _____
month / day / year

For patients (both children and adults) to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to a component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Lot# _____	Dosage: 0.25cc./0.5cc	Site: R-Del / L-Del -- IM R-Leg / L-Leg -- IM
Date: _____	Signature of Administrator: _____	
		Recall for Dose #2 

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's www.cdc.gov/flu

Vaccine Information Statement (Interim)
**Inactivated Influenza
Vaccine**



Office use only