|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Forename(s): |  | | | |
| Surname: |  | | | |
| Date of Birth: |  | | Age: |  |
| Mobile Number: |  | | | |
| Ethnicity: |  | | | |
| Is this your first flu jab? (circle which one) | Yes No  If yes:  inform the clinician to receive extra advice | | | |
| Eligibility:  (circle which one) | Over 65 18 - 64 At risk Healthcare  worker | | | |
| Do you smoke?  (circle which one) | Never Light Heavy E-cigarettes Former | | | |
| Do you drink:  (circle which one) | None 1-2 unit 3-5 units 5-10 units 10-15 units 15+ units  per week per week per week per week per week | | | |
| Have you had your blood pressure taken recently?  (circle which one) | Yes No  BP reading:  Date taken: | | | |
| Current height: | | Current weight: | | |

Please complete and bring with you to the walk-in clinic

Twyford Surgery advises stopping smoking and reducing alcohol intake due to effects on health.

|  |  |
| --- | --- |
| Do you require assistance with the following:  (circle which one) | Quitting Reducing alcohol Weight  smoking intake management |

Please bring this form with you when you attend the flu clinic.

Please wear a clean mask/face covering.

Please wear loose fitting clothing to enable easy access to your upper arm.

Please **DO NOT** attend if you have any COVID symptoms within the last 7 days.