|  |  |
| --- | --- |
| Forename(s): |  |
| Surname: |  |
| Date of Birth: |  | Age: |  |
| Mobile Number: |  |
| Ethnicity: |  |
| Is this your first flu jab? (circle which one) |  Yes NoIf 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 NoBP 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.