

FLU CLINIC 2021

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

| | | | | | | |
|------------------------------------------------------------------------|---------------------------------------------------------|----------------------|-----------------------|------------------------|-------------------------|-----------------------|
| 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 per week | 3-5 units per week | 5-10 units per week | 10-15 units per week | 15+ units per week |
| Have you had your blood pressure taken recently? (circle which one) | Yes | | | No | | |
| | BP reading: Date taken: | | | | | |
| Current height: | | | | Current weight: | | |

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 smoking | Reducing alcohol intake | Weight 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.