



FLU AND TdaP ADD-ON FACESHEET

NEW PATIENT
(circle if yes)

Today's Date _____

Patient Name _____

DOB _____

→IF parent vaccine, **Name of child who is patient** _____
child's DOB _____

Insurance:

___ **Medicaid** ___ **NC Health Choice** ___ **BCBS** ___ **Aetna** ___ **Cigna**
___ **First Carolina Care** ___ **Medcost** ___ **Tricare** ___ **United Health Care**
___ **other (please complete)** _____

Secondary Insurance Type (if any): _____

HAS INSURANCE CHANGED since last visit? **Yes** **No** **Not sure**

Nurse Only:

STATE

90685 Flu No Pres. (6-35mos)
90686 Flu No Pres. (3yrs +)
90672 Flumist
90715 Tdap
90687 Flu multidose vial (6-35mos) Quad
90688 Flu multidose vial (3+yrs) Quad

BOUGHT

90685 Flu No Pres. (6-35mos)
90686 Flu No Pres. (3yrs +)
90672 Flumist
90715 Tdap

MD/NP vaccine counseling? **YES** **NO**

Family Flu or Tdap Vaccine? **YES** **NO**
(Billing staff- if yes, pick CG- vaccine product and admin code)

Return _____

Schedule a WCC? **Yes** **No**



PATIENT FLU IMMUNIZATION ADD-ON Today's date _____

Patient name _____ DOB _____

FLU SHOT

Nurse: (circle) NCHC, Insurance, NC Medicaid, Uninsured

Screening questions for injectable flu vaccine:

- Yes No sick today?
allergy to eggs or component of vaccine (gelatin, thimerosal, latex)?
serious reaction to influenza vaccine in the past?
history of Guillain-Barré syndrome?

Lot Number (place sticker here)

Injection site: ____/IM

FLU MIST

Nurse: (circle) NCHC, Insurance, NC Medicaid, Uninsured

Screening questions for intranasal flu vaccine:

- Yes No sick today or very stuffy nose?
allergy to eggs or influenza vaccine?
serious reaction to Flumist in the past?
less than 2 years or greater than 49 years?
long-term health problem: heart disease, lung disease, asthma, neurologic or neuromuscular disease, kidney disease, liver disease, metabolic disease, diabetes, sickle cell disease?
If < 5 years old, in the past 12 months, history of wheezing or asthma?
cancer, leukemia, HIV/AIDS, immune deficiency?
prolonged steroids or radiation therapy in the last 3 months?
neurologic disorder that can lead to breathing problems?
aspirin therapy or aspirin-containing therapy?
pregnancy or possibly pregnant in next 1 month?
history of Guillain-Barré syndrome?
live vaccine in last 4 weeks (MMR,varicella)
live with or close contact with a person whose immune system is severely compromised and who must be in a protective environment (such as in a hospital room with reverse air flow)?

Lot number: (place sticker here)

I have received and had an opportunity to read the vaccine information sheets my child will have today. (Ha recibido y he tenido la oportunidad de leer informacion sobre las vacunas antes de recibirlas mi hijo/hija.)

PARENT SIGNATURE _____

NCIR_____

NURSE SIGNATURE _____

I, the MD/NP, counseled re: vaccine risk/benefits _____