

Vaccine Informed/Intake Consent Form

Our intake forms can be used for the COVID vaccine (ONLY) or for other vaccinations. With multiple questions, it will help screen the health of the patient and obtain up-to-date information before seeing the doctor.

For a more customized form, imprint is available in the upper right hand corner for logos, doctor/facility name and phone numbers. Custom forms can also be quoted.

COVID Vaccine Informed/Intake Consent Form

Clinic Information

Last Name _____ Telephone _____ RX Number _____
 Clinic ID/Store # _____ Clinic Name _____ City _____ State _____ Zip _____

Patient Information

Last Name _____ First Name _____ Date of Birth _____ Gender _____
 Address _____ City _____ State _____ Zip _____ Email Address _____
 We will send vaccine information from this visit to your Primary Care Provider using the information provided below.
 Address _____ City _____ State _____ Zip _____ PCP Phone Number _____ PCP Fax Number _____
 Primary Care Provider (PCP) Name _____ City _____ State _____ Zip _____
 PCP Address _____

Insurance Information (For onsite clinics, please ensure a copy of the patient's insurance card(s) was collected)

If you are part of a Senior Facility clinic, are you a resident ☐ or an employee/staff ☐ ?
 Is this the patient's first ☐ or second ☐ dose of the COVID-19 vaccination?
 Insurance Information: ☐ Yes ☐ No If No, include the Primary Cardholder's DOB
 Prescription Insurance: ☐ Yes ☐ No Are you the Primary Cardholder? ☐ Yes ☐ No
 Cardholder ID # _____ RX Group ID _____ BIN _____ PCN _____

COVID-19 Screening Questions

1. In the past two weeks, have you tested positive for COVID-19 or are you currently being monitored for COVID-19? ☐ YES ☐ NO ☐ DON'T KNOW
 2. In the past two weeks, have you had contact with anyone who tested positive for COVID-19? ☐ YES ☐ NO ☐ DON'T KNOW
 3. Have you had the new onset of fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting, or diarrhea? ☐ YES ☐ NO ☐ DON'T KNOW

Immunization Screening Questions

1. Are you sick today? (For example: a cold, fever or acute illness) ☐ YES ☐ NO ☐ DON'T KNOW
 2. Do you have allergies or reactions to any foods, medications, vaccines or feeling dizzy? (For example: eggs, gelatin, neomycin, thimerosal, etc.) ☐ YES ☐ NO ☐ DON'T KNOW
 3. Have you ever had a serious reaction after receiving a vaccination (including fainting or feeling dizzy)? Has any physician or other healthcare professional ever cautioned or warned you about receiving certain vaccines or receiving vaccines outside of a medical setting? ☐ YES ☐ NO ☐ DON'T KNOW
 4. Have you had a seizure or a brain or other nervous system problem or Guillain Barre? ☐ YES ☐ NO ☐ DON'T KNOW
 5. Do you take anticoagulation medication? For example: Warfarin, Coumadin or other blood thinner. ☐ YES ☐ NO ☐ DON'T KNOW
 6. Do you have a long-term health problem such as heart disease, lung disease, liver disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia or other blood disorder? ☐ YES ☐ NO ☐ DON'T KNOW
 7. For women, are you pregnant or is there a chance you could become pregnant during the next month? ☐ YES ☐ NO ☐ DON'T KNOW

Imprint

For CA, MA, MT, NJ, Schools or other agencies

Registry Sharing Indicator ☐ Yes ☐ No

Private and Confidential. Intended for patient or caregiver only. If you have received this document in error, please notify our office immediately. W-VACCINE-EU 0121

- Small quantities and large runs offered
- Stock, imprint or custom
- COVID questionnaire or general vaccination questionnaire
- Intake forms play a critical role in the clinics operational and financial success. Faster services means shorter wait times and happier patients.
- Increase efficiency by screening patients and get up-to-date information on new and returning patients
- 96% of patient complaints cite poor communications, disorganization and excessive delays in seeing a physician as the cause for dissatisfaction
- Get the patients consent on paper