Vaccine Intake Questionnaire

Patient Name: _____

Date of Birth:_____ Gender:[ ] M or [ ] F

Ethnicity:[ ]American Indian /Alaska Native [ ] Asian [ ]Black/African American [ ]Hispanic/Latino [ ] White [ ] Other_____

Address:_____

City_____State:_____ Zip:_____

Phone:_____Email:_____

_____

K & K Pharmacy- Mobile Vaccine Clinic
Kristine Isaacson R.Ph., Pharm.D 806-392-1300
Dieter Isaacson Owner C.PhT. 806-252-7908

Social Security Number (IF you have health insurance)_____

Medicare card (the red,white, and blue card) (if you have Medicare)_____

Medicaid card (if you have Medicaid) _____

Mother's Maiden Name_____

Mother's First Name_____

_____

HIPAA Privacy Information and Medical Records

1) I have acknowledged that I have received the provider's Inc Notice of Privacy Practices which may be provided at my request.
2) For Medicare, Medicaid, or Insurance Billing: I authorize this provider to release information and request payment. I understand that the information given by me in applying for payment is correct.
3) I authorize the release of all records to act on this request and I request that payment of benefits be made on my behalf.

Signature of patient or guardian: _____ Date:_____

Vaccine Consent and Administration

Patient Name: _____ Date of Birth:_____

Have you had other vaccines in the past 4 weeks? If Yes, what was given and when:_____

Please answer the following questions:	Yes	No	Don't Know
1. Are you sick today? (For example: a cold, fever, acute illness)			
2. Do you have allergies to medications, food, or any vaccine? (For example eggs, gelatin, neomycin, Thimerosal, latex, etc.) Please list_____			
3. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?			
4. Do you have cancer, leukemia, AIDS, or any other immune system problem?			
5. For women: Are you pregnant or is there a chance you could become pregnant during the next month?			
6. Have you ever had a reaction after receiving a vaccine, including feeling faint or dizzy?			

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Please read ALL of the following 3 statements, if consent is given, I

1) I have been provided with the Vaccine Information Sheet (VIS
I am receiving.
2) I understand all the benefits and risks of the vaccine and have l
assume full responsibility for any reactions that may result.
3) I request the vaccine be given to me and authorize and direct this health care provider to use or disclose my health information during the term of this Authorization to the physician responsible for this protocol of specific health information of people vaccinated by this provider, my Primary Care Physician (PCP), my insurance plan and/or state federal registries, where required for purposes of treatment, payment or other health care operations. This only allows this provider to disclose the following medical records: only documents related to the vaccination received today. This authorization will remain in effect until my health care provider discloses my health information to the recipient identified above; my health care provider cannot guarantee that the recipient will not disclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my health information. I understand that I may refuse or revoke this Authorization at any time. I understand that this authorization will remain in effect until the term of this authorization expires or I provide a written notice of revocation to my health care provider. The revocation will be effective immediately upon my health care provider's receipt of my written notice.

Signature of patient or guardian: _____ Date:_____

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Vaccine Administration Record: Patient Temp:_____ Administration Date:_____

[ ] COVID19 1st Dose

Brand: [ ] Pfizer-Biontech (codes: 91300 & 0001A) [ ] Moderna (codes: 91301 & 0011A) [ ] AstraZeneca (codes 91302 & 0021A)

[ ] COVID19 2nd Dose Brand and Date first dose was given:_____

Brand: [x] Pfizer-Biontech (codes: 91300 & 0002A) [ ] Moderna (codes: 91301 & 0012A) [ ] AstraZeneca (codes 91302 & 0022A)

VIS Published Date:_____

Dose Given:___0.3ml_____

Lot#_____

Exp Date:___7-21_____