



To Be Completed by ALL PATIENTS

LEGAL Name: Last _____ First _____ MI _____ Weight: _____ lbs
 Date of Birth: ____/____/____ Sex: Male / Female Phone Number: (____) _____-_____
 Address: _____ City _____ State _____ Zip Code _____

Please see your doctor or health care clinic regarding a pneumonia shot if you have any of the following:
Conditions: are or may be pregnant, are a nursing mother, running a fever of 101°F, or currently receiving chemotherapy or radiation
Allergies: allergic to phenol (preservative), allergic to LATEX, allergic to Benadryl or epinephrine

Please circle your answer on the right side of the page.

- | | | |
|---|----|-----|
| 1. Are you sick today or are you running a temperature of 101° F or over? | No | Yes |
| 2. Are you allergic to LATEX? | No | Yes |
| 3. Are you allergic to phenol? | No | Yes |
| 4. Are you allergic to Benadryl or epinephrine? | No | Yes |
| 5. Have you had a cold or other respiratory infection in the last week? | No | Yes |
| 6. Did you begin taking an antibiotic yesterday or today? | No | Yes |
| 7. Are you currently receiving immunosuppressive therapy (chemotherapy or radiation)? | No | Yes |
| 8. Are you or could you be pregnant, or are you a nursing mother? | No | Yes |
| 9. Have you had another immunization in the last 14 days? | No | Yes |
| 10. Have you ever had a reaction to any shot (sore arm, shortness of breath, etc.)? | No | Yes |
| 11. Have you ever had a <u>severe</u> allergic reaction to <u>anything</u> (taken medication/gone to hospital)? | No | Yes |
| 12. Have you had a pneumonia shot in the last 6 years? | No | Yes |
| 13. Have you ever been seen by any University of Michigan physician (including in the ER)? | No | Yes |

PATIENT CONSENT

I have read the information sheet about influenza (the flu) and influenza vaccine. I have had a chance to ask questions which were answered to my satisfaction. The information I have provided above is correct and true to my knowledge. I believe I understand the benefits and risks of influenza vaccination and request that the vaccine be given to me or to the person listed below, for whom I am authorized to make this request. If Medicare denies payment, or my original method of payment is rejected, I agree to be personally responsible for full payment.

 Signature of person to receive vaccine. Date _____

 Signature of person authorized for patient listed above (if under 18 yrs of age or physically unable)

I have been provided with a copy of the Notice of Privacy Practice.

To Be Completed by MVN CLINIC STAFF

Immunization site: IM Deltoid Manufacturer: Merck
 Left Right Lot number: _____ Nurse: _____
 Temperature Not Approved Referred VNA patient VC patient VNA/VC family

- These questions determine how you are receiving your **Medicare benefits**.
- | | | |
|---|----|-----|
| 1. Are you over the age of 65? If NO, skip to question 4..... | No | Yes |
| 2. Are you covered by another Health Plan or HMO other than Medicare. IF so, does Medicare pay first? ... | No | Yes |
| 3. Do you have Medicare due to a Non-Work Related Accident/Condition, Black Lung (BL) Benefits, End Stage Renal Disease (ESRD), or coverage other than traditional Medicare?..... | No | Yes |
| 4. Are you a Disabled Medicare Beneficiary under the age of 65? | No | Yes |
| 5. Do you have Medicare due to a Work Related Accident/Condition (WC plan, DVA or Federal BL Pgm)? | No | Yes |

Cash, Check, Credit Card, Medicare part B, CareChoices, HAP, MCare or UM Student Account payment required. MVN does NOT bill other insurances. Patients may seek reimbursement from their insurance company. MVN does NOT guarantee reimbursement.

Medicare is the PRIMARY insurance. Secondary insurance is: _____

Medicare number and letter(s) are: _____ ABN? Y N

CareChoices HAP MCare

Insurance GROUP number: _____

Insurance ID number: _____

Credit Card and UM Student Account payments must be completed on separate credit card authorization form.

- Fee Paid: _____
 Cash
 Check
 Credit Card
 Medicare
 CareChoices
 HAP
 MCare
 MVN Voucher
 Employer
 MVN Staff
 Other