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|  | **NHS BORDERS VACCINATION SERVICE**  **VACCINATION REFERRAL FORM** | C:\Users\RCleat\AppData\Local\Microsoft\Windows\INetCache\Content.Word\NHS_Borders_logo.png |

Forms must be completed by a clinician or member of staff and submitted to vaccination.referrals@borders.scot.nhs.uk

|  |  |
| --- | --- |
| **DATE OF REQUEST** | **Enter date.** |

**PATIENT DETAILS**

|  |  |
| --- | --- |
| **PATIENT NAME** | Enter name. |
| **CHI** | Enter CHI. |
| **TELEPHONE NUMBER (MOBILE)** | Enter number. |
| **TELEPHONE NUMBER (LANDLINE)** | Enter number. |
| **ADDRESS** | Enter address. |
| **DATE OF BIRTH (dd/mm/yyyy)** | Enter date. |
| **GP** | Enter GP. |

**REQUESTER DETAILS**

|  |  |
| --- | --- |
| **REQUESTER** | Enter requester. |
| **REQUESTER DESIGNATION**  **& SERVICE/GP PRACTICE** | Enter designation |
| **REQUESTER CONTACT NUMBER** | Enter number. |
| **REQUESTER CONTACT E-MAIL ADDRESS** | Enter e-mail address. |

**REFERRAL DETAILS**

|  |  |
| --- | --- |
| **CLINICAL REASON FOR REFERRAL** | Enter details. |

|  |  |
| --- | --- |
| **COMMENTS / NOTES / INSTRUCTIONS**  **TO SUPPORT ADMIN AND/OR VACCINATORS**  **(INCLUDING KNOWN ALLERGIES)** | Enter comments. |

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**VACCINATION(S) REQUIRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VACCINATION** | **VACCINE** | **REQUIRED** | **DOSE SCHEDULE** | **TIMESCALE / URGENCY** | **Notes** |
| 3-in-1  Diphtheria; tetanus; polio | Revaxis |  | Enter schedule. | Choose an item. | Enter notes. |
| 4-in-1  Diphtheria; tetanus; pertussis; polio | Boostrix-IPV |  | Enter schedule. | Choose an item. | Enter notes. |
| 6-in-1  Diptheria; tetanus; pertussis; polio; Hib; HepB | Infanrix hexa |  | Enter schedule. | Choose an item. | Enter notes. |
| BCG | BCG Vaccine |  | Enter schedule. | Choose an item. | Enter notes. |
| COVID | Adult |  | Enter schedule. | Choose an item. | Enter notes. |
| Paediatric |  | Enter schedule. | Choose an item. | Enter notes. |
| Flu  (Flu season only) | QIVe  (inactivated) |  | Enter schedule. | Choose an item. | Enter notes. |
| LAIV Fluenz Tetra  Aged 2 - 18  (Live) |  | Enter schedule. | Choose an item. | Enter notes. |
| QIVc  Aged under 65  (inactivated) |  | Enter schedule. | Choose an item. | Enter notes. |
| aQIV  Aged over 65 (inactivated) |  | Enter schedule. | Choose an item. | Enter notes. |
| Hep A | Havrix |  | Enter schedule. | Choose an item. | Enter notes. |
| Hepatitis B | Engerix B |  | Enter schedule. | Choose an item. | Enter notes. |
| HB Vax Pro 40  (Renal patients only) |  | Enter schedule. | Choose an item. | Enter notes. |
| Hib/MenC | Menitorix |  | Enter schedule. | Choose an item. | Enter notes. |
| HPV | Gardasil |  | Enter schedule. | Choose an item. | Enter notes. |
| MenACWY | Nimenrix & Menveo |  | Enter schedule. | Choose an item. | Enter notes. |
| MenB | Bexsero |  | Enter schedule. | Choose an item. | Enter notes. |
| MMR | MMR Vax Pro |  | Enter schedule. | Choose an item. | Enter notes. |
| Pertussis | Repevax |  | Enter schedule. | Choose an item. | Enter notes. |
| Pneumococcal | Prevenar 13  (PCV13) |  | Enter schedule. | Choose an item. | Enter notes. |
| Pneumovax 23  (PPV23) |  | Enter schedule. | Choose an item. | Enter notes. |
| Rabies | Rabipur |  | Enter schedule. | Choose an item. | Enter notes. |
| Rotavirus | Rotarix |  | Enter schedule. | Choose an item. | Enter notes. |
| Shingles | Shingrix  (inactivated) |  | Enter schedule. | Choose an item. | Enter notes. |
| Varicella | Varivax |  | Enter schedule. | Choose an item. | Enter notes. |