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

**VACCINATION(S) REQUIRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VACCINATION** | **VACCINE** | **REQUIRED** | **DOSE SCHEDULE** | **TIMESCALE / URGENCY** | **Notes** |
| 3-in-1Diphtheria; tetanus; polio | Revaxis |[ ]  Enter schedule. | Choose an item. | Enter notes. |
| 4-in-1Diphtheria; tetanus; pertussis; polio | Boostrix-IPV |[ ]  Enter schedule. | Choose an item. | Enter notes. |
| 6-in-1Diptheria; 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 TetraAged 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. |