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QUESTIONNAIRE

*Note: These questions are for reporting purposes only. We DO NOT provide vaccines in our office. IF you have any questions regarding the necessity or administration of vaccines, please consult your primary care physician.

Patient Name: _____

Who is your primary care/referring physician? _____

Influenza Vaccine

Check the one that best fits:

- I received a flu vaccine this flu season.
- I did not receive a flu vaccine this season because of medical reasons.
- I did not receive a flu vaccine this season because I do not want one.
- I did not receive a flu vaccine this season.

Pneumococcal Vaccine (for patients 65 and older ONLY)

Check the one that best fits:

- I received a pneumococcal vaccine (pneumovax).
- I did not receive a pneumococcal vaccine.

Other Vaccines (for patients who are EXACTLY 13 years old). If you are not currently 13 years old, please skip this question.

Check all that apply:

- I received one dose of meningococcal vaccine on or between my 11th and 13th birthdays.
- I received one tetanus, diphtheria and pertussis vaccine (Tdap) on or between my 10th and 13th birthdays.
- I received at least three HPV vaccines on or between my 9th and 13th birthdays.

Tobacco Use: Screening and Cessation Intervention

For patients 18 years or older please complete the following question

Are you a tobacco user?

- No
- Yes
 - Smoke
 - Chew
 - Use every day
 - Use some days
- Former user

Patient/Patient Guardian Signature

Date