TravelSafe IMMUNIZATION CLINIC

PHARMASAVE®
101-2280 East Hastings Street
420-2184 West Broadway

Appt call: **604.251.1975**
info@TravelSafeClinic.ca
www.TravelSafeClinic.ca

CLIENT INTAKE FORM 2 - PLEASE FILL OUT SECTIONS A & C ONLY

SECTION A			
Last Name:	Middle Initial:	Date:	
First Name:	Sex: ☐ M ☐ F	Personal Health Number:	
Date of Birth: Y M D	Age:	Email:	CDN Citizen: ☐ Y ☐ N
Address:	City/Prov:	Postal Code:	
Name of Guardian:	Child's Weight:	Parental Consent (Signature):	
Your Tel #:	Emergency Contact (EC) Tel #:	Name of EC:	
I agree TravelSafe Clinic can email me a reminder for my booster vaccine(s): ☐ Y ☐ N			
PLEASE SELECT THE REASON FOR YOUR APPOINTMENT WITH TRAVELSAFE CLINIC:			
OCCUPATIONAL HEALTH: ☐ YES ☐ NO	**If YES,** what is the name of your school or employer?		
FOR STUDENTS ONLY	I agree to allow TravelSafe Clinic to inform my school of my vaccine records: ☐ Y ☐ N		
IMMIGRATION: ☐	**HAJJ:** ☐		
ALLERGIES:	**MEDICATIONS:**		
Current Medical Conditions:			

SECTION B		SECTION C	
Immunization History	**Last Dose**	**Medical History**	**Yes / No**
1. Tetanus / Diphtheria		1. Fever in last 24 hours?	☐ Y ☐ N
2. Measles, Mumps & Rubella		2. Fainted or felt dizzy from an injection?	☐ Y ☐ N
3. Polio		3. Immune suppression (i.e. HIV, cancer)? Taking immune suppression medication?	☐ Y ☐ N ☐ Y ☐ N
4. Varicella (Chicken Pox)		4. G6PD deficiency?	☐ Y ☐ N
5. Pertussis (Whooping Cough)		5. History of anxiety or depression?	☐ Y ☐ N
6. Hepatitis A		6. Digestive disorders (IBS, Colitis, Crohn's)?	☐ Y ☐ N
7. Hepatitis A / Typhoid (Vivaxim)		7. Pregnant or planning pregnancy?	☐ Y ☐ N
8. Hepatitis B		8. Heart disease?	☐ Y ☐ N
9. Hepatitis A / B (Twinrix)		9. Diabetes?	☐ Y ☐ N
10. Typhoid ☐ PO ☐ INJ		10. Disorder of liver, spleen or kidney?	☐ Y ☐ N
11. ☐ ACYW-135 ☐ MenC		11. Recent blood transfusion or blood products?	☐ Y ☐ N
12. Yellow fever		12. Thymus disorder?	☐ Y ☐ N
13. Japanese encephalitis		13. Seizures, epilepsy?	☐ Y ☐ N
14. Rabies		14. History of Guillain-Barre Syndrome?	☐ Y ☐ N
15. Dukoral		15. Bleeding disorder?	☐ Y ☐ N
16. Influenza		16. Other?	☐ Y ☐ N
17. ☐ Pneumo23 ☐ Prevnar13		**HEALTH HISTORY NOTES (For Medical Staff Only):**	
18. HPV (Gardasil 9)			
19. ☐ Zostavax ☐ Shingrix			
20. Other			

Consultant's Initials:	

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CLIENT INTAKE FORM 2

TO BE COMPLETED BY MEDICAL STAFF ONLY

Client's Name:

Date Stamp 1				**Date Stamp 2**			
Recommended Vaccine	**Dose**	**Lot #**	**Price $**	**Recommended Vaccine**	**Dose**	**Lot #**	**Price $**
☐ Td ☐ TdP ☐ TdaP	☐ 1 ☐ 2 ☐ 3 ☐ B		$	☐ Td ☐ TdP ☐ TdaP	☐ 1 ☐ 2 ☐ 3 ☐ B		$
Polio	☐ 1 ☐ 2 ☐ 3 ☐ B		$	Polio	☐ B		$
MMR	☐ 1 ☐ 2		$	MMR	☐ 1 ☐ 2		$
Varicella	☐ 1 ☐ 2		$	Varicella	☐ 1 ☐ 2		$
Hepatitis A	☐ 1 ☐ 2		$	Hepatitis A	☐ 1 ☐ 2		$
Hepatitis B	☐ 1 ☐ 2 ☐ 3		$	Hepatitis B	☐ 1 ☐ 2 ☐ 3		$
Hepatitis A / B (Twinrix)	☐ 1 ☐ 2 ☐ 3		$	Hepatitis A/B (Twinrix)	☐ 1 ☐ 2 ☐ 3		$
Hepatitis A / Typhoid (Vivaxim)	☐ 1 ☐ 2		$	Hepatitis A/Typhoid (Vivaxim)	☐ 1 ☐ 2		$
Rabies	☐ 1 ☐ 2 ☐ 3		$	Rabies	☐ 1 ☐ 2 ☐ 3		$
Yellow fever	☐ 1 ☐ B		$	Yellow fever	☐ 1 ☐ B		$
Meningitis (ACYW-135) / B	☐ 1		$	Meningitis (ACYW-135) / B	☐		$
Japanese encephalitis	☐ 1 ☐ 2 ☐ B		$	Japanese encephalitis	☐ 1 ☐ 2 ☐ B		$
Typhoid ☐ PO ☐ INJ	☐		$	Typhoid ☐ PO ☐ INJ	☐		$
Dukoral	☐ 1 ☐ B		$	Dukoral	☐ 1 ☐ B		$
Influenza	☐		$	Influenza	☐		$
Pneumococcal 23	☐ 1		$	Pneumococcal 23	☐ 1		$
Pneumococcal / Prevnar 13	☐ 1		$	Pneumococcal / Prevnar 13	☐ 1		$
☐ Zostavax ☐ Shingrix	☐ 1 ☐ 2		$	☐ Zostavax ☐ Shingrix	☐ 1 ☐ 2		$
HPV (Gardasil 9)	☐ 1 ☐ 2 ☐ 3		$	HPV (Gardasil 9)	☐ 1 ☐ 2 ☐ 3		$
Other			$	Other			$
Consult Fee			$				$
Immunizer's Initials:		**TOTAL $**	**$**	**Immunizer's Initials:**		**TOTAL $**	**$**

TB SECTION – TO BE COMPLETED BY MEDICAL STAFF ONLY						**Lot #**	**Price $**
History of BCG ☐ Yes ☐ No	History of Positive TST ☐ Yes ☐ No		If YES, 939 req given/faxed to TB Control ☐		Country of Origin:		
Date TST Administered:		Time:		RN Signature:			$
Date TST Read:		Time:		RN Signature:			
➔ Result (48-72 hrs later) ☐ Neg ☐ Pos	If Positive: ☐ Swelling ☐ Redness / Induration ☐ Other reaction (describe):					Measurement mm:	
➔ Follow-up: ☐ No further follow-up ☐ Repeat in 2 Weeks ☐ Recommended chest x-ray ☐ 939 requisition given							
2 Step Date TST Administered:		Time:		RN Signature:			$
Date TST Read:		Time:		RN Signature:			
➔ Result (48-72 hrs later) ☐ Neg ☐ Pos	If Positive: ☐ Swelling ☐ Redness / Induration ☐ Other reaction (describe):					Measurement in mm:	
➔ Follow-up: ☐ No further follow-up ☐ Recommended chest x-ray ☐ 939 requisition given							

CLINIC NOTES:	**TOTAL $**	**$**

Lab Work:	☐ HepBsAb | ☐ HepBsAg | ☐ Varicella | ☐ MMR | ☐ Rabies | ☐ Hepatitis A | ☐ Requisition Given
Routine Schedule:	☐ 0, 1, 6 months Hepatitis B Twinrix | ☐ 0, 6 months Hepatitis A | ☐ 0, 0, 6 months Hepatitis B Twinrix
☐ 0, 2, 6 months Gardasil 9 | ☐ 0, 2-6 months Shingrix | ☐ 0, 7, 21-28 days Rabies | ☐ 0, 7 days Japanese Enc ☐ 0, 28 days Japanese Enc ☐ 12-24 months	
Rapid Schedule:	☐ 0, 7, 21 days, 1 year Hepatitis B Twinrix | ☐ 0, 4+ weeks MMR | ☐ 0, 6 weeks Varicella

Date Stamp 3							
Vaccine	**Dose**	**Lot #**	**Price $**	**Vaccine**	**Dose**	**Lot #**	**Price $**
☐ Td ☐ TdP ☐ TdaP	☐ 1 ☐ 2 ☐ 3 ☐ B		$	Meningitis	☐		$
Polio	☐ B		$	Japanese encephalitis	☐ 1 ☐ 2 ☐ B		$
MMR	☐ 1 ☐ 2		$	Typhoid ☐ PO ☐ INJ	☐		$
Varicella	☐ 1 ☐ 2		$	Dukoral	☐ 1 ☐ B		$
Hepatitis A	☐ 1 ☐ 2		$	Influenza	☐		$
Hepatitis B	☐ 1 ☐ 2 ☐ 3		$	Pneumococcal 23	☐ 1		$
Hepatitis A/B (Twinrix)	☐ 1 ☐ 2 ☐ 3		$	Pneumococcal / Prevnar 13	☐ 1		$
Hepatitis A/Typhoid (Vivaxim)	☐ 1 ☐ 2		$	☐ Zostavax ☐ Shingrix	☐ 1 ☐ 2		$
Rabies	☐ 1 ☐ 2 ☐ 3		$	HPV (Gardasil 9)	☐ 1 ☐ 2 ☐ 3		$
Yellow fever	☐ 1 ☐ B		$	Other			$
Immunizer's Initials:		**TOTAL $**	**$**	**Immunizer's Initials:**		**TOTAL $**	**$**

Date Stamp 4							
Vaccine	**Dose**	**Lot #**	**Price $**	**Vaccine**	**Dose**	**Lot #**	**Price $**
☐ Twinrix ☐ Hepatitis B	☐ 3 ☐ 4		$	Rabies	☐ 3		$
JE/Ixiaro	☐ 2 ☐ 3		$	Other			$
Immunizer's Initials:		**TOTAL $**	**$**	**Immunizer's Initials:**		**TOTAL $**	**$**

CLINIC NOTES: