

**VACCINE CONSULT**

Today's Date: \_\_\_\_\_

HMO: \_\_\_\_\_ ID#: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Patient Age: \_\_\_\_\_

Vaccines recommended per WIR.

 See attachment:

- counseled qualifications and risk factors
- scheduled next dose
- side effects discussed
- 8-15 mins spent counseling on preventative health

Notes: \_\_\_\_\_

Preventative Health (Vaccine Consult) completed by pharmacist



Pharmacist Initials \_\_\_\_\_

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