

COVID Vaccination

Request to Support Individual Needs

This is about:

 Name		 Date of birth		 NHS number	
 Your home address				 Living with:	
 Where you might be staying at the moment				 Living with:	
				 Phone:	

Supporting person:

 Who will be supporting:		 Role or relationship:	
 Address			 Phone:
			 Email:

GP information:

 GP name		 Phone:	
 Address of surgery			






MDT contact details:






 Team name		 Phone	
 Contact person		 Email:	





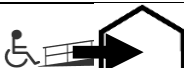


Reasonable adjustments needed: What we need to do to help you


















Have you had an injection before, like a blood test or flu vaccination?







	<ul style="list-style-type: none"> Are you ok about having injections? 	<input checked="" type="checkbox"/> <input type="checkbox"/>
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	Time - Do you need	
	<ul style="list-style-type: none"> Extra time 	<input checked="" type="checkbox"/> <input type="checkbox"/>
	<ul style="list-style-type: none"> An early morning appointment 	<input checked="" type="checkbox"/> <input type="checkbox"/>
	<ul style="list-style-type: none"> An appointment when it will quiet 	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Other information	





	Where would you like to have the vaccine?	
	<ul style="list-style-type: none"> Vaccine centre 	<input checked="" type="checkbox"/> <input type="checkbox"/>
	<ul style="list-style-type: none"> Home 	<input checked="" type="checkbox"/> <input type="checkbox"/>
	<ul style="list-style-type: none"> Somewhere else 	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Other information	

	Tell us how we can support you	
	Tell us about your mobility and any help you might need?	
	<ul style="list-style-type: none"> Getting to a vaccine Centre 	<input checked="" type="checkbox"/> <input type="checkbox"/>
	<ul style="list-style-type: none"> Parking close to the building 	<input checked="" type="checkbox"/> <input type="checkbox"/>
	<ul style="list-style-type: none"> Access into a building 	<input checked="" type="checkbox"/> <input type="checkbox"/>
	<ul style="list-style-type: none"> Anything else? 	
	Other information	

	Communication	
	<ul style="list-style-type: none"> Do we need to use easier words 	 
	<ul style="list-style-type: none"> Do we need to use shorter sentences 	 
	<ul style="list-style-type: none"> Do we need to use information with pictures to help you to understand and remember 	 
	<ul style="list-style-type: none"> Do we need to use signs or gestures 	 
	<p>Tell us about things you like The nurse will chat to you when you have the vaccination</p>	
	<p>Tell us how we will know if you are worried or scared:</p>	
	<p>What can we do to help you feel better?</p>	
	<p>Other information</p>	

	Help	
	<p>We are ready to listen to what will help you or the person you are supporting</p>	
	<p>Please tell us everything you think will help:</p>	
	<p>Tell us if you have any specialist health or social care professionals you work with:</p>	
	<p>We will talk to you about any more support from Primary Care Liaison Nurses and IDD services</p>	
	<p>Other information</p>	

Making a decision			
	Can you make a decision about having the vaccine? Can you:		
	<ul style="list-style-type: none"> • Understand the information about the vaccine 		
	<ul style="list-style-type: none"> • Remember this information 		
	<ul style="list-style-type: none"> • Weigh up what you know – think about good and bad things about the vaccine 		
	<ul style="list-style-type: none"> • Tell other people what you have decided 		
	If you can not make this decision , people who support you will think about what is best for you. They will make a plan in your ' best interest '		
	Any other relevant information?		

Referrer details:			
			
Referred by		Phone	
			
Role		Email:	