**Patient Profile**

For my COVID-19 vaccination

appointment

# About me

This section will tell the nurse about you. There are sections later in this document where you can tell them about your support needs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full name** | | |  | | |
| **Preferred name** | | |  | | |
| **Pronouns** | | |  | | |
| **Address** | | |  | | |
|  | | |
| **Phone number** | | |  | | |
| **Email address** | | |  | | |
| **Date of birth** | | |  | | |
| **Are you of Aboriginal or Torres Strait Islander origin?** | | | | | |
| No | Yes, Aboriginal | | | | Yes, Torres Strait Islander |
| **Do you speak a language other than English at home?** | | | | | |
| No | | Yes, please specify: | | | |
| **Who will give consent?** | | | | | |
| Me  Someone else | | | | Their name is: | |
| Their relationship to me is: | |

# About my support person

This section provides the nurse with information about your support person. It helps the nurse understand who your support person is in relation to you, and how they will be helping you.

If you don’t have a support person, leave this section blank.

Support person information:

|  |  |
| --- | --- |
| **Full name** |  |
| **Preferred name** |  |
| **Pronouns** |  |
| **Phone number** |  |
| **Relationship to me** |  |

Please check the statements that apply to you:

|  |  |
| --- | --- |
|  | **My support person will come with me to my appointment.** |
|  | **My support person will manage the booking and admin for my appointment.** |
|  | **My support person will come into the room/cubicle with me for my appointment.** |

# About my support needs

This section will provide the nurse with information about your support needs. This information will help the nurse support you during your appointment.

You don’t have to fill out every section.

|  |  |
| --- | --- |
| **I like to communicate by** |  |
| **I need you to communicate with me by** |  |
| **Things I like** | **Things I don’t like** |
|  |  |
| **My worries about getting vaccinated are** | |
|  | |
| **My sensory profile is** | |
|  | |
| **I will be bringing these things to my appointment to help me feel calm** | |
|  | |
| **I might show that I am in pain by** | |
|  | |

Do you have a fear of needles?

|  |  |  |
| --- | --- | --- |
| No | Yes, a little bit | Yes, a big fear |

# Information about my health

The nurse will ask you some questions before you have the vaccine. Below is a list of the questions they will ask.

You can think about these questions before your appointment and write down your answers. Then you can take this along to the appointment with you.

It is important the nurse knows the following about your health conditions. There is space for you to add extra information if you would like to.

|  |  |  |  |
| --- | --- | --- | --- |
| **I take these medications** | |  | |
| **I have had an allergic reaction to a previous dose of a COVID-19 vaccine or to an ingredient of the vaccine** | | | |
| No | Yes, name of vaccine/ingredient: | | |
| **I have had anaphylaxis to other vaccines or medicines** | | | |
| No | Yes, name of vaccine/medicine: | | |
| **I have had any other serious adverse event, that following review by an experienced immunisation provider/medical specialist was attributed to a previous dose of a COVID-19 vaccine (and without another cause identified)** | | | |
| No | Yes: | | |
| **I have a history of confirmed mastocytosis (a mast cell disorder) with recurrent anaphylaxis that requires treatment** | | | |
| No | Yes: | | |
| **I have been diagnosed with capillary leak syndrome** | | | |
| No | Yes: | | |
| **I have had major venous and/or arterial thrombosis in combination with thrombocytopenia, including diagnosed Thrombotic Thrombocytopenic Syndrome (TTS), following a previous dose of a COVID-19 vaccine** | | | |
| No | Yes: | | |
| **I have a history of heparin induced thrombocytopenia (HIT), central venous sinus thrombosis (CVST), blood clots in the abdominal veins (splanchnic veins) or antiphospholipid syndrome associated with blood clots** | | | |
| No | Yes: | | |
| **I have had myocarditis, pericarditis or endocarditis within the past 6 months** | | | |
| No | Yes: | | |
| **I currently have acute rheumatic fever or acute rheumatic heart disease** | | | |
| No | Yes: | | |
| **I have acute decompensated heart failure** | | | |
| No | Yes: | | |
| **I have a bleeding disorder or am receiving anticoagulant therapy (a blood thinner)** | | | |
| No | Yes: | | |
| **I am pregnant** | | | |
| No | Yes: | | Unsure: |
| **I am immunocompromised (i.e. have a weakened immune system or take immune suppressing medication)** | | | |
| No | Yes: | | |
| **I have had COVID-19 in the past, or have ongoing illness from COVID-19** | | | |
| No | Yes (when was it): | | |
| **I have received another COVID-19 vaccine** | | | |
| No | Yes, the brand was: | | |
| **I have received a vaccine in the last 7 days** | | | |
| No | Yes, a vaccine for: | | |

*Based on the following resources*:

* My Health Passport

<https://www.health.qld.gov.au/__data/assets/pdf_file/0032/858362/3.-Julians-Key-Health-Passport-100gsm-LHC-staple.pdf>

* COVID-19 vaccination – Preparing for COVID-19 vaccination - A patient factsheet about preparing for COVID-19 vaccination.

<https://www.health.gov.au/resources/publications/covid-19-vaccination-preparing-for-covid-19-vaccination>