

<i>Reg:</i> _____
<i>Nurse:</i> _____
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## Hepatitis B Vaccination Form For Patients registered with other practices

The Hepatitis vaccination is a course of 3 injections followed by a blood test. The cost of the whole course is £135 payable at the start of the course. The practice is currently only able to accept cash or cheques. If you would like further information on the Hepatitis B vaccination please speak to reception.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Home Tel No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email \_\_\_\_\_

Registered Doctor \_\_\_\_\_

Current / Previous medical conditions \_\_\_\_\_

Current medications \_\_\_\_\_

Reason for needing Hep B vaccination \_\_\_\_\_

Occasionally further information may be required from your doctor. To obtain this information we need to have your consent.

Please sign below if you are happy for us to contact your doctor.

I consent for Manor Way Surgery to contact my doctor for information relating to the Hepatitis B vaccination.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **CONSENT FOR INJECTION – TO BE COMPLETED AT THE TIME OF INJECTION**

I understand the risks of the Hepatitis B vaccination and give my consent to receive the injection.

Signed \_\_\_\_\_ Date \_\_\_\_\_