



NEW PATIENT AND FOLLOW-UP QUESTIONNAIRE

INFLUENZA VACCINE between 9/2023 – 3/2024 YES / NO

LAST PNEUMOCOCCAL VACCINE YEAR: _____

If you checked NO to INFLUENZA vaccine, what is the reason:

Medical Reason (please be specific): _____

Patient choice _____

System Reason (vaccine not available) Other, please explain:

COVID-19 VACCINE: YES / NO

If yes, please circle: Moderna / Pfizer / Johnson & Johnson

Dates: 1st _____ 2nd _____

BOOSTERS: _____

If you have NOT received the vaccine, are you planning on getting?

YES/NO

TOBACCO USE (type) _____ Current user Former user Never user

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