

Please complete if you think YOU or a loved one MAY HAVE SWINE FLU

Name of patient:

HAUGHTON THORNLEY
MEDICAL CENTRES

NHS number (if known):

Address of patient (including post-code):

Date of Birth of patient:

Approximate weight of patient (12 years and under if known) in kg:

When did your symptoms start:

	Please tick Yes or No	
	Yes	No
Have you had a Fever (more than 38°C) or history of fever	<input type="checkbox"/>	<input type="checkbox"/>

AND

Have you had an influenza like illness which includes TWO or MORE of the following symptom

Cough	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Rhinorrhoea (runny nose)	<input type="checkbox"/>	<input type="checkbox"/>
Limb or joint pain	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>

OR

Severe and or life threatening illness suggestive of an infectious process	<input type="checkbox"/>	<input type="checkbox"/>
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Are you:	Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
	Breast feeding	<input type="checkbox"/>	<input type="checkbox"/>
	Kidneys not working well (renal impairment)	<input type="checkbox"/>	<input type="checkbox"/>

Please tick if you fulfil any of these conditions that suggest that you may be at a higher risk of Swine Flu

Long term lung, kidney, neurological, liver or heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Children under 5	<input type="checkbox"/>	<input type="checkbox"/>
Aged over 65	<input type="checkbox"/>	<input type="checkbox"/>
Suffer with diabetes (insulin or non-insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Immunosuppressed	<input type="checkbox"/>	<input type="checkbox"/>
Suffered with asthma needing drug treatment in the last 3 years	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE REMEMBER TO SEND A FLU FRIEND WITH THIS FORM TO COLLECT YOUR VOUCHER

Please give your details if you would like access to your GP electronic health record:

Mobile Number

E-mail address