VILLAGE PEDIATRICS
8340 Mission Road, Suite 100; Prairie Village, KS 66206
(913)642-2100

DATE:_____ **PATIENT NAME:**_____ **DOB:**_____

ALLERGIES_____ **REACTION**_____

I HEREBY GIVE AUTHORIZATION FOR PAYMENT OF INSURANCE BENEFITS TO BE MADE DIRECTLY TO VILLAGE PEDIATRICS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL THE CHARGES WHETHER OR NOT THEY ARE COVERED BY INSURANCE. SOME INSURANCE PLANS WILL ONLY PAY FOR ITEMS THAT THEY DEEM TO BE "REASONABLE AND NECESSARY". IF YOUR INSURANCE DETERMINES THAT A PARTICULAR ITEM DOES NOT MEET THIS DEFINITION UNDER THEIR STANDARDS, THEY WILL DENY PAYMENT FOR THIS ITEM. I HEREBY AUTHORIZE THIS HEALTHCARE PROVIDER TO RELEASE ALL INFORMATION NECESSARY TO SECURE THE PAYMENT OF BENEFITS AND AGREE THAT A PHOTOCOPY OF THIS AGREEMENT SHALL BE AS VALID AS THE ORIGINAL. I ALSO AUTHORIZE THE RELEASE OF MEDICAL RECORDS AS NEEDED TO ANY PHYSICIAN WHO MAY COORDINATE MY CARE. I ALSO GIVE VILLAGE PEDIATRICS CONSENT FOR MY TREATMENT. I HAVE BEEN GIVEN THE CORRESPONDING CDC VIS SHEET.

FluMist is given to healthy persons 2-49 years of age. Ages 2-8 need **2 doses** the first year only, and one dose each year thereafter. Flu shots may be given to anyone over 6 months. Children less than 9yrs need **2 doses** the first year only, and one dose each year thereafter. We cannot guarantee availability of 2nd flu shots.
There are risks associated with all vaccines, including FluMist and the Flu shot.
FluMist and flu shots do not guarantee 100% protection from the flu.

Cost: The cost of FluMist is $35.00 **per dose**, with a $15 administration fee, a Flu shot is $30 with a $15 admin. fee. If you feel like this vaccine is not for you please inform the nurse at this time.

Prior to receiving FluMist or a flu shot, please read the following, mark any that apply to the individual receiving the vaccine and sign below.

	Yes	No
1. Do you have history of asthma, reactive airway disease or wheezing episodes?		
2. Do you have a history of hypersensitivity to eggs, egg products?		
3. Do you have a history of severe allergic reaction to an influenza vaccine, or a hypersensitivity to gentamicin, gelatin, or arginine?		
4. Do you have a history of Guillian-Barre Syndrome?		
5. Are you immunosuppressed or is anyone in your home immunocompromised? (ie chemotherapy, radiation, AIDS...)		
6. Are you pregnant? If pregnant-may receive shot only		
7. Do you have any chronic cardiovascular disorders, respiratory disorders, diabetes, renal dysfunction, hemoglobinopathies, or taking aspirin therapy?		
8. Are you between the ages of 2-49 years?		
9. Are you feeling well today?		
10. Have you received any antiviral medication in the past 48 hours?		
11. Have you received any vaccines in the past 4 weeks ?		

Today I would like: Flu Mist OR Fluarix. (Circle one)

SIGNATURE_____ DATE_____ DATE #2_____

Nurse_____ RA LA RV LV Nasal Lot #_____

Nurse_____ RA LA RV LV Nasal Lot #_____