



Patient Information Sheet: For Entry into Appointment Plus

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: (M) \_\_\_\_\_ (F) \_\_\_\_\_ Phone: \_\_\_\_\_ Last 4 Digits Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Plan Name: \_\_\_\_\_ Plan Type \_\_\_\_\_

ID # \_\_\_\_\_ Group #: \_\_\_\_\_

**Vaccines Requested:**

Seasonal Flu	_____	Gardasil 9 - HPV	_____
High Dose Flu	_____	Menveo - Meningitis ACWY 10mccg/0.5	_____
Shingrix- Shingles	_____	Moderna – Covid 19	_____
Pevnar - Pneumonia	_____	Pfizer – Covid 19	_____
Pneumovax 23 - Pneumonia	_____	Other: _____	_____
Boostrix- TDAP/Tetanus Diphtheria Pertussis	_____	Other: _____	_____