



PATIENT UPDATE April 2021

Includes information re **Covid-19 vaccinations** – see attached information in red below.

Includes update on **Flu vaccinations** in green below

Flu vaccines are available now. There must be a 2-week interval between any vaccine and the Covid-19 vaccine, so **this is an opportunity to get your flu vaccine** while we wait for increased Covid Vaccine ability.

If you are **over 70 years old** – discuss other available vaccines including **pneumonia, shingles and whooping cough.**

Covid-19 Vaccination rollout

Please go to the useful links section on this website and follow those for further background information, particularly on eligibility in phase 1B. If you are confident to proceed to vaccination in due course, use the Website-specific Vaccine consent form attached, which you can complete and submit to the practice.

NB – if you are not eligible for a Medicare number our practice does not have the capacity to immunise you. Please see current advice on the Australian government website.

The allocation of vaccines to this practice and all other practices is controlled by the Federal Government through our local Primary Health Network. Dr Lorraine Baker and our practice nurses are overseeing the initial process of the Covid-19 vaccination including allocation of appointments

Current status

The practice is receiving **only 50 vaccines per week** until further notice. **We are inviting eligible patients by direct contact once we are certain the vaccines are in stock.**

We will **not** be opening online bookings for the vaccinations until further notice.

General ongoing information re practice appointment procedures

If you have respiratory symptoms **SELF-ISOLATE AS FOR COVID 19** -and contact the practice for advice re **TESTING.**

Please call the practice first so we can screen for the type of appointment you need. Not all doctors are available for on-site assessment of infectious patients.

ON-SITE APPOINTMENTS (Face to Face)



Use the HotDocs online appointment system for routine appointments.
Masks remain mandatory **within the practice building** for those aged 12 years and older, on entering the building.

ON ARRIVAL - You will be asked to contact reception by phone, and to wait in your car, on the outdoor bench or the porch to maintain the best physical distancing from other patients. If you need to use the **waiting room** staff will advise where you may sit to achieve physical distancing.

THE DOCTOR WILL CALL YOU AT THE TIME SHE/HE IS READY.

ON-SITE TESTING (including Covid-19)

St Vincent's Pathology remains open for routine and urgent blood tests. Covid-19 Testing is available daily weekdays by appointment only. The collector will take the sample in your car. The test through St Vincent's Pathology includes influenza testing as well.

Any test must be authorised through one of our GPs. Call 9857 7016 before 11.00 am to arrange.

TELEHEALTH

TELEHEALTH APPOINTMENTS – are currently available to all regular patients **who have attended in the past year** for at least one face-to-face appointment.

If you are new to the practice you will need to attend face-to-face.
Please note – **Fees may apply to Telehealth** appointments



Covid 19 Astra Zeneca vaccination Website Consent form (Phase 1b)

Before completing this form, please review the Health Department links on our website regarding the background information about the vaccine. Once completed and submitted to the practice **we will contact you** when appointments are available.

In advance of your appointment if you have any questions or concerns to discuss about your general health, **before** getting your COVID-19 vaccination **if you have had cerebral venous sinus thrombosis or heparin-induced thrombocytopenia in the past make an appointment with your GP to discuss.**

Vaccination appointments are for vaccination only.

Patient information

| | | | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|
| Name: | | | | | | | | | | | |
| Medicare number: | | | | | | | | | | | |
| Date of birth: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Phone contact number: | | | | | | | | | | | |
| e-mail: | | | | | | | | | | | |

| | | |
|--|-----|----|
| 1. Do you have any serious allergies, particularly anaphylaxis, to anything, or carry or have been prescribed an adrenaline autoinjector (EpiPen)? | Yes | No |
| 2. Have you had an allergic reaction after being vaccinated before? | Yes | No |
| 3. Have you had COVID-19 before? | Yes | No |
| 4. Do you have a bleeding disorder? | Yes | No |
| 5. Do you take any medicine to thin your blood (an anticoagulant therapy)? | Yes | No |
| 6. Do you have a mast cell disorder? | Yes | No |
| 7. Do you have a weakened immune system (immunocompromised)? | Yes | No |
| 8. Are you pregnant (having a baby) or think you might be pregnant? | Yes | No |
| 9. Are you breastfeeding? | Yes | No |
| 10. Have you been sick with a cough, sore throat, fever or are feeling sick in another way? | Yes | No |
| 11. Have you had a COVID-19 vaccination before? | Yes | No |
| 12. Have received any other vaccination in the last 14 days? | Yes | No |
| 13. Do you consent for immunisation to be recorded on MyHealthRecord* | Yes | No |

**If you have opted out of MyHealth Record this will not be possible*



Are you Aboriginal and/or Torres Strait Islander?

- Yes, Aboriginal only
- Yes, Torres Strait Islander only
- Yes Aboriginal and Torres Strait Islander
- No
- Prefer not to answer

| | |
|-------------------------------------|--|
| Next of kin (in case of emergency): | |
| Name: | |
| Phone contact number: | |

If applicable – please complete :-

I am the patient’s guardian or substitute decision-maker, and agree to COVID-19 vaccination of the patient named above

| | |
|---|--|
| Guardian/substitute decision-maker’s name: | |
| Guardian/substitute decision maker’s signature: | |
| Date: | |

Consent to receive COVID-19 vaccine

- I confirm I have read and understood information provided to me on COVID-19 vaccination
- I confirm that none of the conditions above apply, or I have discussed these and/or any other special circumstances with my regular health care provider.
- I agree to receive a course of COVID-19 vaccine (two doses of the same vaccine)

Signature -patient or substitute medical decision maker

..... **Date** .../.../.....

Signatory details - BLOCK LETTERS

.....

Practice Use Only

Signature of Immuniser

.....
NAME OF IMMUNISER

.....
Date of vaccination

(circle dose below)

First Dose. Second Dose