

8) Flu: Have you had your flu vaccination this year?

Yes Date: ___/___/___

No

Decline/refusal

9) Have you had a pneumococcal vaccine (to protect you from pneumonia)?

Yes Date: ___/___/___

No

Decline/refusal

10) Ethnicity: _____

11) Main language: _____

12) Religion: _____

13) Do you have a disability? Yes

Please specify: _____

No

14) Would you like to register for online services through which you can book appointments, request repeat medications and view medical records?

Yes

No

Signed : _____

Date: ___/___/___