***Please refer to supporting guidance on the following intranet pages for what vaccinations and indications are covered by this pathway.*** [*http://intranet.lothian.scot.nhs.uk/Directory/publichealth/Immunisation/Pages/default.aspx*](https://eur01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fintranet.lothian.scot.nhs.uk%2FDirectory%2Fpublichealth%2FImmunisation%2FPages%2Fdefault.aspx&data=05%7C01%7Ckrista.clubb%40nhslothian.scot.nhs.uk%7C828885c5a7614aa6af9b08dac62a2906%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638040181613528068%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=cM%2FhrbqmuMOxdStRTb1y7%2Fpy46O9Hz%2B%2Fx7VLcdgxenw%3D&reserved=0)

***Please refer to Greenbook for guidance and information on vaccine requirements.***

UK immunisation schedule: the green book, chapter 11 - GOV.UK (www.gov.uk)

* ***All fields on this form are mandatory - incomplete forms will be returned to referrer***
* ***Please send attachment in original word format to the relevant HSCP - other file types will be returned unactioned***

|  |  |
| --- | --- |
| **Midlothian** | **loth.midlothianvaccines@nhs.scot**   |
| **West Lothian** | **loth.wlhscpvaccinationenquiry@nhs.scot** |
| **East Lothian** | **loth.elvaccinationenquiry@nhs.scot** |
| **Edinburgh (Adults)** | **loth.ehscp-ctac-vaccinationreferrals@nhs.scot** |
| **Edinburgh (Children 0-5 years)** | **loth.edinburghvaccinationteam@nhs.scot** |
| **Edinburgh (Children 6-18 years)** | ​**loth.ehscpctacvaccinationreferrals@nhs.scot** |

|  |  |  |
| --- | --- | --- |
| **1.** | **Patient’s Full Name** |  |
| **Patient’s Date of Birth** |  |
| **CHI Number** |  |
| **Patient’s Address (including postcode)** |  |
| **Patient Contact Telephone Number** |  |
| **2.** | **Clinical Urgency of Referral** | Choose an item. |

|  |  |
| --- | --- |
| **3.** | **Clinical Reason for Referral** (please include all relevant information e.g., asplenia, coeliac disease, COPD). |
|  |
| **4.** | **Additional information to support referral** (e.g., any allergies, specific patient requirements for clinic attendance e.g., quiet space, translator) |
|  |

|  |  |  |
| --- | --- | --- |
| **5.** | **Name of referrer** |  |
| **Role of referrer** |  |
| **Contact email & telephone number of referrer** |  |

*NB: It is not necessary for clinicians to submit a referral form for routine recall of vaccines listed in the first section below. Eligible patients are identified and invited based on their age or clinical coding. Only referrals for expedited vaccination for urgent clinical indications are required*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vaccination** | **Vaccine** | **Required** | **Dose Schedule** | **Notes (e.g., Inc dates of previous doses if part schedules being requested)** |
| COVID | Covid Vaccine |[ ]  Choose an item. | Click or tap here to enter text. |
| Flu(Flu season only) | Flu (inactivated) | ☐ | Single Dose | Click or tap here to enter text. |
| Pneumococcal | Pneumovax 23(PPV23) | ☐ | Single Dose | Click or tap here to enter text. |
| Shingles | Shingrix(inactivated) |[ ]  Choose an item | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| 3-in-1 Diphtheria; Tetanus; Polio | Revaxis |[ ]  Choose an item. |  Click or tap here to enter text. |
| 4-in-1Diphtheria; Tetanus; Pertussis; Polio | Boostrix -IPV/Repevax |[ ]  Choose an item. | Click or tap here to enter text. |
| Hepatitis A | HavrixMonodose |[ ]  Choose an item. | Click or tap here to enter text. |
| Hepatitis B | Engerix B(20mcg/1ml) |[ ]  Choose an item. | Click or tap here to enter text. |
| Hepatitis B (RENAL PNLY) | HBVax Pro(40mcg/1ml) |[ ]  Choose an item. | Click or tap here to enter text. |
| Hepatitis A & B | Twinrix |[ ]  Choose an item. | Click or tap here to enter text. |
| Hib/Meningitis C  | Menitorix |[ ]  Single Dose | Click or tap here to enter text. |
| HPV | Gardasil 9 |[ ]  Choose an item. | Click or tap here to enter text. |
| Meningitis ACWY | Nimenrix/ Menveo |[ ]  Single Dose | Click or tap here to enter text. |
| Meningitis B | Bexsero |[ ]  Choose an item. | Click or tap here to enter text. |
| Pneumococcal | PCV13 (Prevenar) |[ ]  Single Dose | Click or tap here to enter text. |
| Other | Add Vaccine |[ ]  Enter Schedule | Click or tap here to enter text. |

**Please Note: The vaccines listed below are live vaccines which should not be given to people who are clinically immunosuppressed (either due to drug treatment or underlying illness), unless there is a specific recommendation from a specialist, acknowledging benefit outweighs risk.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vaccination** | **Vaccine** | **Required** | **Dose Schedule** | **Notes (e.g., Inc dates of previous doses if part schedules being requested)** |
| FLU | LAIV Fluenz TetraAged 2-18(LIVE) |[ ]  Single Dose |  Click or tap here to enter text.  |
| MMR | Priorix / MMR Vax Pro (LIVE) |[ ]  Choose an item. |  Click or tap here to enter text.  |