Influenza A+B Form

Buena Vista Drug
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Health Mart

Phone: 719-395-2481
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SALIDA PHARMACY & FOUNTAIN
EST. 2019

Phone: 719-530-4790
Fax: 719-530-4791

Patient Information

Name_____ **Date of Birth** _____
Phone_____ **Date**_____

Address_____
City _____ State _____
Zip Code _____

Current Medications_____
_____
_____
_____
Health History_____
_____
_____
History of Rheumatic Fever? Y / N Pregnant Y / N

Signs and Symptoms (Pharmacist to Fill Out)

Age _____ **Temperature** _____
Drug Allergies _____
BP1 ____/____ **BP2** ____/____ **HR** _____
RR _____

☐ Sore throat
☐ Fever > 100.4◦F
☐ Runny nose
☐ Stuffy nose
☐ Muscle aches

☐ Cough
☐ Headache
☐ Fatigue
☐ Vomiting
☐ Diarrhea
☐ Chills

Influenza Test Information:
Lot _____**Expiration** _____

How long has the person had symptoms? _____

What actions were taken?
_____

Assessment

Score:
Sore Throat (1 point)
Fever >100.4◦F (1 point)
Runny/Stuffy Nose (1 point)
Muscle Aches (1 point)
Cough (1 point)

Total Score:
☐ 0-1 Flu test & antiviral therapy are not indicated
☐ 2-3 Flu test indicated
☐ >4 Consider antiviral treatment

Pharmacotherapy Plan -- *MAY REQUIRE REFERRAL WITH PHYSICIAN OR PUBLIC HEALTH*

Test Result_____

☐ **Medication Provided**
Medication Name_____

☐ **Referral to Hospital/PCP**
Provider Name_____

☐ **Referral to Public Health**
Provider Name_____

Date: _____
Testing Pharmacist: _____

Pharmacist Consultation Notes _____
_____
_____
_____
_____
_____
_____
_____

PHARMACIST MUST COMPLETE BOX BELOW

Pharmacist Follow-Up in 48 hours
☐ E-care Plan Initiated
Date:_____Pharmacist:_____

NEXT PAGE

Consent to Testing:

I have read, or have had read to me, the written information regarding the influenza diagnostic test being administered. By signing below, I signify that I agree to allow those pharmacists affiliated with the pharmacy named above to administer the influenza test for a fee of $40.00. This assessment does not constitute a medical diagnosis. Negative results do not preclude Influenza infection and should not be used as the sole basis for treatment. I understand the test that I am receiving is a rapid diagnostic test using antigens. Antigen tests look for viral proteins, which are highly specific, meaning that if you test positive, you are very likely infected. However, there is a higher chance of false negative with antigen tests, which means that a negative result cannot definitively rule out an active infection. If you have a negative result on an antigen test but have a recent exposure to Influenza, or are displaying many of the symptoms, you may wish to take a PCR test to confirm your result. I have had the opportunity to ask questions that were answered to my satisfaction. I certify that I am at least 18 years old and hereby give my consent to the pharmacists of this Pharmacy to administer the influenza diagnostic test. If under 18 years old signature by parent or guardian is required. I understand that by signing below I am responsible for payment of this diagnostic test.

Signature: _____ Date: _____