

Vaccines

General

Name of Doctor: _____
Alternative Vaccine Schedule Accepted? YES NO
Overall Impression of Alternate Vaccine Scheduling:
 Accommodating Willing Hesitant

Vaccine Questions

Can you provide a list of the recommended vaccine schedule? YES NO
Can I deviate from the recommended vaccine schedule? YES NO
Can vaccinations be given to our children at the same time? YES NO
If an alternative vaccine schedule is decided upon, do you bill "vaccine-only" appointments the same as regular wellness checks? YES NO
Can you provide a list of the brands of vaccines you use in this office? YES NO
Would your office be willing to order alternative brands if asked? YES NO
What combination vaccines does your office use? _____

What are your views/thoughts on the following vaccine ingredients?
• Aluminum: _____

• Mercury: _____

• Formaldehyde: _____

• Animal/Human Tissue: _____

Notes: _____

