

Dr. S. Laybourn and Partners – Pre Travel Health Questionnaire.

Please complete this form and return it to the surgery at least six weeks before your date of travel and make an appointment to see a nurse within three weeks' time.

Patient's Details:- Name: _____ Date of Birth:- _____

Address: _____ Post Code:- _____

Mobile Tel Number:- _____ Land Line Number:- _____

Date of Departure:- _____ Date returning to UK:- _____

Holiday/ Visit Type		Tick <input type="checkbox"/>		Tick <input type="checkbox"/>		Tick <input type="checkbox"/>
Reason to Travel	Holiday		Business		Other	
Holiday Type	Package		Cruise Ship		Backpacking	
Traveling	Family / friends		Alone		Group	
Area Staying in	Urban		Rural		Altitude	

List the Country(ies) you are going to visit?	Number of Days	Place staying:- Hotel, camping Ship, home?	Activities:- Touring, business, skiing, climbing, walking, safari, sports, extreme?	Remote Medical help: Yes or No

Please give details of any vaccinations you have had in the past:-					
Vaccination	Tick <input type="checkbox"/>	Date	Vaccination	Tick <input type="checkbox"/>	Date
Tetanus			Polio		
Diphtheria			Hepatitis A		
Typhoid			Hepatitis B		
Cholera			Rabies		
Malaria					

Do you have any allergies – Eggs, antibiotics, nuts or other?	Yes / No
Have you ever had a serious reaction to a vaccine given before?	Yes / No
Does having an injection make you feel faint?	Yes / No
Do you or a close family member have epilepsy?	Yes / No
Do you have any history of mental illness, depression or anxiety?	Yes / No
Have you recently had radiotherapy, chemotherapy or steroids?	Yes / No
Have you taken out Travel Insurance?	Yes / No
If you have a medical condition, have you told your insurers?	Yes / No
Women- are you pregnant, planning pregnancy or breast feeding?	Yes / No
If you have taken out travel insurance and have a medical condition, have you informed your insurance company?	Yes / No
A prescription for Malaria medication is a private prescription and chargeable at the chemist.	
Please write any further relevant information?	

This section is for the surgery to complete before your appointment.

Vaccination recommended	May need to discuss at appointment.	Cost of vaccine.	Recommended reading on website or leaflet
		£	
		£	
		£	
		£	
		£	
		£	

Appointment		Duration	
Appointment 1		Duration	
Appointment 2		Duration	
Appointment 3		Duration	

Please be aware that certain travel vaccinations are not funded by the NHS so you will be charged for them prior to the vaccination being given. Please note that we only accept cash payments.

Risks discussed or leaflet or website address given	Yes	No	NA	Risks discussed or leaflet or website address given	Yes	No	NA
Bite avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sun Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food and Water Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Country specific (Travax)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fresh Water Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidents and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not to take Mefloquine if any history of depression or mental illness					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other -					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other -					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommended websites for further information:-

www.fitfortravel.nhs.uk

www.fco.gov.uk

www.nhs.uk

www.nathnac.org

www.masta-travel-health.com

www.doh.gov.uk

To be completed at the Travel Consultation appointment.

I have no reason to believe that I am pregnant and I have received all of the relevant information on the risks and benefits of accepting the vaccines recommended and fully agree to them being administered to me. I have been given both verbal and written Travel Health advice pertaining to my trip and advice on where I can obtain further information from.

Patient's Name Patient's Signature.....

Parent or Guardian's Name..... Parent or Guardian's Signature

Travel consultation completed by Nurse Date