

Pre-Travel Questionnaire

Please complete this form and hand in to reception. A practice nurse will telephone you shortly to inform you of vaccinations needed and to make you an appointment.

Name:	
Date of Birth:	Contact telephone number:

Date of departure:	Date of return:
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I will be visiting the following: (remember to list any areas/countries you will be travelling through)		Time in country (days)	Purpose of trip e.g. business/holiday/visiting relatives	Type of accommodation e.g. hotel/hostel/campsite
Country	Area			

MEDICAL HISTORY:

Please give any details of any conditions that might affect your travel plans e.g. pregnancy, diabetes, heart problems, epilepsy, cancer, HIV/AIDS or allergies so we can give you the best advice.

<p>Current conditions:</p> <p>Allergies: e.g. eggs, antibiotics</p> <p>Current medication, including oral contraceptives</p> <p>Women only: Are you pregnant, planning pregnancy or breastfeeding? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Please see overleaf.....

Continued.....

Please give details of any previous travel vaccinations and anti-malaria medications:

Date:	Vaccination:	Comments Please note if you experienced any problems

Date:	Anti-Malarial	Comments Please note if you experienced any problems

Any other comments:

Remember

- ✓ A dental check-up now may prevent problems on your travels
- ✓ Make sure you have enough of any current medication to see you through the trip. This might include oral contraceptive pills, inhalers etc.
- ✓ Get the right travel insurance for your destination and the activities you've planning to take part in. A European Health Insurance Card (EHIC/E111) entitles you to free or reduced rate medical care in most EU countries.
- ✓ Pack a first aid kit
- ✓ Find out about the region you are travelling to. The Foreign Office website contains information and advice on travelling abroad and advice on specific risks in specific countries