

DEVENISH PRACTICE

Name Address D.O.B. Tel. no.	Date of 1 st appt. Seen by -
<u>Personal profile</u> Significant past medical history Current health problems Any current medications Any allergies ? Pregnant? – (or planning - re mefloquine)	<u>Travel profile</u> Date of departure – Travelling to country + length of stay <ul style="list-style-type: none"> • • • Reason for travel – Type of accommodation, rural / city General comments – Previous travel etc
<u>Is there a Risk of Malaria ?</u> Y / N Aware / understanding e.g. how contracted Y / N Bite avoid. (nets repellents etc) Y / N Signs, symptoms, diagnosis Y / N (Weight of child _____)	<u>General travel-health advice given</u> - Y / N Food, water Safety issues etc Health insurance Safe sun Other –
<u>Chemprophylaxis recommended</u> – Chloroquine _____ Proguanil _____ Doxycycline _____ Malarone _____ Mefloquine _____ Private Prescription given ? Y / N	PTO FOR VACCINE INFO.

Previous vaccine history

Vaccine	Y/N	Date given	Recommend for current trip ?
Tetanus			
Diphtheria			
Polio			
Typhoid			
Hep A 1 st or boost			
Hep B 1 st , 2 nd , 3 rd , 4 th			
Meningitis			
Rabies			
B.C.G.			
Jap enceph.			
Tick borne enceph.			
Yellow fever			
Other			

Notes -

Planned vaccine schedule for current trip

Vaccine	1. Appt. date				Doc's signature if required
	2. Given + site batch no. + -sign				
	1.	1.	1.	1.	
	2.	2.	2.	2.	
	1.	1.	1.	1.	
	2.	2.	2.	2.	
	1.	1.	1.	1.	
	2.	2.	2.	2.	
	1.	1.	1.	1.	
	2.	2.	2.	2.	

Any further information –