

Royal Crescent and Preston Road Practice Travel Questionnaire

Please complete this questionnaire before making an appointment for the travel clinic.

This information is needed to appoint you with the correct nurse for the appropriate amount of time. On completion hand the form in to reception at your surgery. You will be contacted within 7 days to be offered an appointment in the travel clinic, which is held at Royal Crescent Surgery.

PLEASE BE AWARE SOME VACCINES ARE NOT COVERED ON THE NHS AND YOU WILL NEED TO PAY FOR THEM

Name			
Date of Birth		Postcode	
Daytime telephone number			
Mobile Telephone number			
Email Address			
Name(s) of people travelling with:			
(This is so we can offer you similar appointment times, where possible)			

Trip Details			
Date of Departure			
Return date or duration of trip			
Country to be visited	Area (please specify)	Length of Stay	Availability of medical help

PLEASE STATE ALL COUNTRIES AND AREA TO BE VISITED

Remember to bring your itinerary and any extra information along to your appointment

Please tick as appropriate to best describe your trip				
	Column A		Column B	
Purpose of trip	Pleasure		Business	
Type of trip	Package		Cruise Ship	
	Camping		Backpacking	
	Self organised		Trekking	
Accommodation	Hotel		Relatives/family	
	Bed and Breakfast		Hostel	
Location	Town/city		Remote	
	Rural		Altitude	
Activity type	Safari		Adventure	

Personal Medical History

List all chronic medical conditions (e.g. diabetes, heart or lung conditions):

Please list any allergies:

Which vaccines, if any, have you had a serious reaction to in the past?

Have you ever had measles? If so, when?

Do you have Epilepsy?	yes		no		Are you on warfarin?	yes		no	
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?						yes		no	
Are you pregnant, planning pregnancy or breast feeding?						yes		no	
Any other relevant information?									

For office use only:

Travelling to Yellow Fever area (see maps)	
Any ticks in column B	
Multiple Destinations	
Epilepsy	Warfarin

Vaccination history updated:					
Tetanus		Typhoid		Influenza	
Polio		Hep A		Yellow fever	
Diphtheria		Hep B		Rabies	
Pertussis		Meningitis C		Jap encephalitis	
MMR/measles mumps or rubella		Meningitis ACWY		Tick borne Encephalitis	
BCG		Cholera		Other	
When did pt have measles illness (if at all)					

Appointment Date:

Checked.....: Date:.....

Scanned Date:.....