

TRAVEL CONSULTATION FORM

TO BE FILLED IN BY PATIENT

Date:	Contact number:
Patient Name:	DOB:
Date of Departure	
Destination/s	
Duration	
Access to medical facilities	YES/NO

Type of trip (tick all that apply)	Areas to be visited	Accommodation
Package holiday <input type="checkbox"/> Immigration <input type="checkbox"/> Organised adventure trip <input type="checkbox"/>	Urban <input type="checkbox"/>	Good <input type="checkbox"/>
Cruise <input type="checkbox"/> Backpacking <input type="checkbox"/> Visiting family/friends <input type="checkbox"/>	Rural <input type="checkbox"/>	Basic <input type="checkbox"/>
Business <3/12 <input type="checkbox"/> Aid worker <input type="checkbox"/> Elective/Student <input type="checkbox"/>	Beach <input type="checkbox"/>	Poor <input type="checkbox"/>
Business >3/12 <input type="checkbox"/> Self-organised <input type="checkbox"/> Voluntary/charity work <input type="checkbox"/>	Altitude <input type="checkbox"/>	Not known <input type="checkbox"/>

RECEPTIONIST PLEASE MAKE TELEPHONE APPOINTMENT . APPT DATE AND TIME

TO BE COMPLETED BY NURSE

Medical History of Note	
Current Medication	
Any allergies?	
Immunocompromised?	
Pregnancy or planning within 3 months returning from trip? YES/NO	
Previous reaction to vaccination? YES/NO	
Contraindications? YES/NO	Side-effects discussed? YES/NO

Recommended vaccines	Had vaccination before?	Required for trip?	Rx Required?

Malaria Chemoprophylaxis advice given – YES/ N/A Leaflet given – YES/ N/A Side effects Yes/ N/A

Tablets recommended

Chloroquine	Proguanil	Doxycycline	Malarone	Mefloquine	Weight (child) kg
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Risks discussed	Yes	No	PIL	Risks discussed	Yes	No	PIL	Risks discusse	Yes	No	PIL
Bite avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/water hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood borne viruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outbreaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sun protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other											

Travel record card given YES/NO/UPDATED

I have been advised that travel vaccinations aim to minimise risk and not eliminate it and that few vaccines offer 100% protection against disease.

Signed _____ Date _____