

Travel Questionnaire

PATIENT MUST COMPLETE PAGES 1 & 2 PRIOR TO MAKING APPOINTMENT WITH PRACTICE NURSE

Personal Details

Name:	<input type="text"/>	Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Date of Birth:	<input type="text"/>	Postcode	<input type="text"/>	
Daytime Tel:	<input type="text"/>	Mobile Tel:	<input type="text"/>	
Email:	<input type="text"/>			

Trip Dates

Departure	<input type="text"/>	Duration	<input type="text"/>
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Itinerary

Country	Duration	Availability of Medical Help
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trip Description – please tick all appropriate boxes:

Purpose of Trip:	<input type="checkbox"/> Business	<input type="checkbox"/> Pleasure	<input type="checkbox"/> Other
Type of Trip:	<input type="checkbox"/> Package	<input type="checkbox"/> Self-Organised	<input type="checkbox"/> Backpacking
	<input type="checkbox"/> Camping	<input type="checkbox"/> Cruise Ship	<input type="checkbox"/> Trekking
Accommodation:	<input type="checkbox"/> Hotel	<input type="checkbox"/> Friends/Family	<input type="checkbox"/> Other
Travelling	<input type="checkbox"/> Alone	<input type="checkbox"/> With Friend/Family	<input type="checkbox"/> In a Group
Location Type	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Altitude
Activity Type	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	<input type="checkbox"/> Other

Personal Medical History

List all chronic medical conditions that you have (eg. Diabetes, heart or lung conditions)

List all allergies that you have (eg. Eggs, nuts, antibiotics)

If you have had a serious reaction to a vaccine in the past, which vaccine was it?

List all of your current medications (including oral contraception)

- Have you recently suffered from any infection? (eg. Heavy cold, flu or high temperature) ☐ Yes ☐ No
- Does having an injection cause you to feel faint? ☐ Yes ☐ No
- Do you or any close family members have epilepsy? ☐ Yes ☐ No
- Do you have any history of mental illness including depression or anxiety? ☐ Yes ☐ No
- Have you recently undergone radiotherapy, chemotherapy or steroid treatment? ☐ Yes ☐ No
- Have you taken out travel insurance? ☐ Yes ☐ No
- If you have a medical condition, have you told your insurance company about it? ☐ Yes ☐ No
- Are you pregnant, planning pregnancy or breast feeding? ☐ Yes ☐ No
- Write below, any further information that might be relevant ☐ Yes ☐ No

Vaccination History

Have you ever had any of the following vaccinations/tablets and if so, when?

Tetanus	<input type="checkbox"/>	<input type="text"/>	Polio	<input type="checkbox"/>	<input type="text"/>
Diphtheria	<input type="checkbox"/>	<input type="text"/>	Typhoid	<input type="checkbox"/>	<input type="text"/>
Hepatitis A	<input type="checkbox"/>	<input type="text"/>	Hepatitis B	<input type="checkbox"/>	<input type="text"/>
Meningitis	<input type="checkbox"/>	<input type="text"/>	Yellow Fever	<input type="checkbox"/>	<input type="text"/>
Influenza	<input type="checkbox"/>	<input type="text"/>	Rabies	<input type="checkbox"/>	<input type="text"/>
Jap B Encephalitis	<input type="checkbox"/>	<input type="text"/>	Tick Borne	<input type="checkbox"/>	<input type="text"/>
Malaria Tablets	<input type="checkbox"/>	<input type="text"/>	Other	<input type="checkbox"/>	<input type="text"/>

TO BE COMPLETED BY PRACTICE NURSE

Travel risk assessment performed

Yes ☐

No ☐

Travel advice and leaflets given as per travel protocol

Food water and personal hygiene advice ☐ Travellers' diarrhoea ☐ Hepatitis B C and HIV ☐

Insect bite prevention ☐ Animal bites ☐ Accidents ☐ Insurance ☐ Air Travel ☐

Sun and heat protection ☐ Hajj travel ☐ Travel record card supplied ☐ Websites ☐

Other ☐

Malaria prevention advice and malaria chemoprophylaxis

Chloroquine ☐ Atovaquone + proguanil (Malarone) ☐

Chloroquine ☐ Mefloquine ☐ Doxycycline ☐ Malaria advice leaflet given ☐

Further information

e.g. weight of child

Signed by:

Position:

Date:

RECOMMENDED TRAVEL VACCINATIONS

TO BE COMPLETED BY PRACTICE NURSE

Patient Name	
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Travel Vaccinations Recommended For This Trip	NHS or <u>Price per dose</u>	Number required	To be ordered/in stock (delete as necessary)
Hapatitis A	NHS		Kept in stock
Typhoid	NHS		Kept in stock
Diphtheria/Tetanus/Polio	NHS		Kept in stock
Hepatitis B (course 3 doses)	£25.00		order/in stock
Hepatitis B Paediatric (course 3 doses)	£20.00		order/in stock
Yellow Fever (including certificate)	£55.00		order/in stock
Rabies (course 3 doses)	£60.00*		order
ACWY Vac	£35.00*		order
Jap B Encephalitis (Ixiaro – course 2 doses)	£110.00*		order
Tickborne Encephalitis (course 2 or 3 doses)	£60.00*		order
Tickborne Encephalitis (Paediatric)	£55.00*		order
Cholera Vaccine – Dukoral (course 2 doses)	£42.00*		order

*Will incur an additional carriage charge of £15 + VAT when ordered from supplier

FULL PAYMENT WILL BE REQUIRED BEFORE PRIVATE VACCINES CAN BE ORDERED

Malaria Tablets	Price per tablet	Number required	To be ordered?
Malarone	£3.60		order
Atovaquone Proguanil (generic Malarone)	£3.21		Order
Doxycycline	£0.11		order
Lariam	£3.27		order
Paludrine/Avloclor Travel pack	£0.13		order

TO BE COMPLETED BY RECEPTION

Total to be paid by patient	£		Date order faxed to Dispensary	
Date paid			Date of Next Appointment With Nurse	
Method of payment	Cash /Cheque			

TO BE COMPLETED BY DISPENSER

Vaccine	No. Ordered	Supplier	Date Ordered	Cost Each (exc VAT)	Additional Carriage Charge