Dr D T Carey
Dr J R Hamilton
Dr NA Moloney
Dr S A Elliott
Dr D N A Smith
Dr J Crichton

THE GREEN PRACTICE
WHITEFRIARS SURGERY PERTH

PRACTICE TRAVEL QUESTIONNAIRE

Name: _____ Others in Party: _____

Address: _____ Sex: _____

DOB: _____ Occupation: _____
(if relevant to travel i.e. Health Worker/Vet Construction)

Regularly Contactable Numbers:

Home: Mobile:

Travel Itinerary	***Date of Departure:***
	Destination(s): *It is really important that you are precise in detailing where you are going as this affects the immunisations that you need. Eg to say India is too broad a description.*
	Duration of Stay: (In each Place)
	Accommodation: Hotel ☐ Hostel ☐ Family Home ☐ Camping ☐ Other ☐ Please provide details if Other
	Reason for Trip: Holiday ☐ Business ☐ Visiting Friends or Relatives ☐ Backpacking ☐ Aid Worker ☐
	High Risk Activities: White Water Rafting ☐ Trekking ☐ Paragliding ☐ Diving ☐ Exploring ☐
	Insurance: Have you notified your insurance company of any pre existing medical conditions? Yes ☐ No ☐
	Previous Serious Reaction to a vaccine: Yes ☐ No ☐ If yes details please:
Medical History	***Medical History:*** Asthma ☐ COPD ☐ Epilepsy ☐ Diabetes ☐ Heart Problems ☐ Cancer Treatments ☐ Recent Surgery ☐
	Current History: Immuno-suppressed ☐ HIV ☐ Febrile ☐ Breast Feeding ☐ Pregnant ☐ Planning Pregnancy ☐
Vaccination Required (For nurse only)	

Please ensure that you complete ALL details/areas to the best of your ability/knowledge as this will enable the Nursing Team to deal with your query swiftly and effectively. Many Thanks