

# Travel Questionnaire

Appointment booked on: \_\_\_\_\_

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

### Personal Details

Name:  Sex:  Female  Male

Date of Birth:  Postcode:

Daytime Tel:  Mobile Tel:

Email:

### Trip Dates

Departure:  Duration:

### 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:  Business  Pleasure  Other

Type of Trip:  Package  Self-Organised  Backpacking

Camping  Cruise Ship  Trekking

Accommodation:  Hotel  Friends/Family  Other

Travelling:  Alone  With Friend/Family  In a Group

Location Type:  Urban  Rural  Altitude

Activity Type:  Safari  Adventure  Other

### Personal Medical History

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

List all allergies that you have (e.g. 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? (e.g. 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  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)
Hepatitis A	NHS		Kept in stock
Typhoid	NHS		Kept in stock
Diphtheria/Tetanus/Polio	NHS		Kept in stock
Hepatitis B (course 3 doses)	£30.00		order/in stock
Hepatitis B Paediatric (course 3 doses)	£25.00		order/in stock
Yellow Fever (including certificate)	£75.00		order/in stock
Rabies (course 3 doses)	£80.00		order
ACWY Vac	£60.00		order
Jap B Encephalitis (Ixiaro – course 2 doses)	£120.00		order
Tickborne Encephalitis (course 2 or 3 doses)	£65.00		order
Cholera Vaccine – Dukoral (course 2 doses)	£50.00		order

Vaccines 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	£3.80		order
Proguanil 100mg/Atovaquone 250mg tabs (generic Malarone)	£3.15		order
Doxycycline	£0.15		order
Lariam	£3.30		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