

Pontesbury & Worthen Medical Practice

Pre-Travel Questionnaire

Name:	Telephone Number:
Date of birth:	Mobile Number:

Please supply information about your trip in the sections below

If you have a complicated itinerary or will be away for several months you will need to come in and see the nurse at least 3 months ahead of your travel for a detailed consultation with your travel itinerary.

Date of Departure:		Total length of trip:	
Country to be visited	Location or Region	City or Rural	Length of stay
1.			
2.			
3.			
4.			

Type of travel and purpose of trip – Please tick all that apply

<input type="checkbox"/> Holiday	<input type="checkbox"/> Cruise ship	<input type="checkbox"/> Adventure
<input type="checkbox"/> Business trip	<input type="checkbox"/> Safari	<input type="checkbox"/> Visiting friends/family
<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Backpacking	<input type="checkbox"/> Pilgrimage
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Camping/Hostels	<input type="checkbox"/> Medical tourism
<input type="checkbox"/> Staying hotel	<input type="checkbox"/> Diving	<input type="checkbox"/> Expatriate

Current Medications:
Health Conditions:
Are you pregnant/breast feeding?
Previous Travel Vaccinations:

Please supply details of your personal medical history	Yes	No	Details
Are you fit and well today			
Any allergies including food			
Severe reaction to a vaccine before			
Any surgical operations in the past			
Recent chemotherapy/radiotherapy			
Anaemia			
Bleeding/Clotting disorders (including DVT)			
Immune system condition			
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Spleen problems			
Any long term chronic diseases			

To be completed by the Practice Nurse – Recommended Vaccinations

Tetanus/polio/diphtheria	Cholera	MALARIA Tablets
Hep A	Typhoid	Pneumococcal
Rabies	Yellow Fever	Hep B
Japanese Encephalitis	Meningitis	Tick Borne Encephalitis
Influenza	MMR	BCG

Have you arranged travel insurance, visa and looked at travel websites? i.e. nathnac.org.nhschoices

The Practice Nurse will use the information in this form to determine what treatment you may need for your travel.

I confirm to the best of my knowledge that the information in this form is true, complete and accurate.

Patient Signature: _____

On behalf of patient

Name: _____ Signature: _____

Date: _____