

RICCARTON GENERAL PRACTICE

PATIENT TRAVEL QUESTIONNAIRE

Private Travel Clinic Fee per person 16 yrs and over is £25.00

This £25 fee covers review of travel itinerary, check of previous vaccinations/medical history, and establishing current recommendations for travel to your destinations. The fee also covers the issue of any private prescriptions and specific advice you may need. To facilitate savings to patients, we hold stocks of Hepatitis B, Yellow Fever and Meningitis ACWY vaccines, which are not provided on the NHS.

Other non-NHS vaccines will attract a charge from the Pharmacist.

Payment by cash, cheque, debit card or credit card (£1.00 surcharge for credit card payments).

Patients must complete and return this questionnaire prior to making Travel Clinic appointments.

Personal Details	
Name:	Date of Birth:
Contact Telephone Number:	Male []
Email:	Female []

Dates of Trip	
Date of Departure:	Length of trip:
Return Date:	

Itinerary and purpose of visit		
Countries to be visited:	Length of each stay:	Is medical help available at destination?
1.		
2.		
3.		
4.		

Vaccination History					
Have you ever had any of the following vaccinations/malaria tablets? If so, give details beside vaccination					
Hepatitis A		Meningitis		Hepatitis B	
Typhoid		Yellow Fever		Jap B Enceph	
Dip/Tet/Polio		Rabies		Malaria Tablets	
Other					

Please tick as appropriate below to best describe your trip						
1. Type of trip	Business		Pleasure		Other	
2. Holiday Type	Package		Self Organised		Backpacking	
	Camping		Cruise Ship		Trekking	
3. Accommodation	Hotel		Family Home		Other	
4. Travelling	Alone		With family/friends		In a group	
5. Staying in area which is:	Urban		Rural		Altitude	
6. Planned activities	Safari		Adventure		Other	

Personal Medical History
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)
List any current or repeat medications.
Do you have any allergies for example; to eggs, antibiotics, nut or latex?
Have you ever had a serious reaction to a vaccine given to you before?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
Women only: Are you pregnant, breast feeding or planning pregnancy?

Patient Consent
For discussion when risk assessment is performed within your appointment:
I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.
Signed:.....Date:.....

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Patient Name:
Travel risk assessment performed: Yes [] No []

Travel vaccines recommended for this trip					
Disease Protection	Yes	No	Consider	Patient Declined Vaccine	Further Info
Hepatitis A					
Typhoid					
Diphtheria/ Tetanus/ Polio					
Hepatitis B					
Cholera					
Meningitis ACWY					
Yellow Fever					
Rabies					
Japanese B Encephalitis					
Other					

Malaria prevention advice and malaria chemoprophylaxis					
Atovaquone + Proguanil		Chloroquine +/Proguanil		Malaria advice leaflet given	
Doxycycline		Mefloquine		Other	

Travel advice and leaflets given as per travel protocol					
Insect bite prevention		Accidents		Travel record card supplied	
Sun and heat protection		Food, water and personal hygiene advice		Websites – fitfortravel	
Animal bites		Blood and bodily fluid infection risks		Other	

Authorisation for Patient Specific Direction (PSD) Use
Assessor's Name: Signature:..... Date:.....
Prescriber's Name: Signature:..... Date:.....