HOUGHTON CLOSE SURGERY

PRE-TRAVEL QUESTIONNAIRE

1. Please complete this form (ONE PER PATIENT TRAVELLING) and return it to the surgery **AT LEAST 6 WEEKS PRIOR TO TRAVEL**.
   WE WOULD ADVISE YOU DO NOT COMPLETE THIS FORM IF YOUR DATE OF TRAVEL IS WITHIN 6 WEEKS, AS IT IS UNLIKELY WE WILL BE ABLE TO OFFER APPOINTMENTS FOR TRAVEL VACCINATIONS WITHIN THIS TIMEFRAME.
   If your date of travel is within 6 weeks we would suggest you contact a private travel clinic for your travel vaccination assessment/advice and vaccinations. Details of local private travel clinics are available on our website or from our reception team.

2. **Please telephone the surgery on 01525 300898 SEVEN days after submitting this form to enquire whether you need any vaccinations and, if appropriate, to book the necessary appointments.**

3. Not all vaccinations are available on the NHS and may be chargeable. A list of our charges can be found in the travel section of our website.

4. Full payment is required at the time of the vaccination.

Patient name: **DOB:**

Patients address:

Tel No:

Email Address:

Date of departure: **Total Length of stay:**

Details about destination:

Country and location to be visited town if known	Length of stay
1.	
2.	
3.	
4.	
5.	

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		Relatives/family home		Other	
4.Travelling	Alone		With family/friend		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 or lung conditions)?
List any current or repeat medications
Do you have any allergies, for example to eggs, antibiotics, nuts or latex?
Do you or any close family members have epilepsy?
Have you ever had a serious reaction to a vaccine given to you before?
Do you have any history of mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
Women only: Are you pregnant or planning pregnancy or breastfeeding?
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?
Please write below any further information that may be relevant:

Vaccination History:-

Tetanus		Polio		Diptheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria Tablets					

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: _______________________________