

# Pre-travel pre-consultation form – for current patients

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Contact phone number: \_\_\_\_\_ Usual GP: \_\_\_\_\_ Departure date for trip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Do you have travel insurance for this trip?  Yes  No  
 Does this cover:    Healthcare overseas?  Yes  No            Medical evacuation?  Yes  No

## Travel Plans

### Purpose of trip (choose all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Vacation<br><input type="checkbox"/> Education/research<br><input type="checkbox"/> Adoption<br><input type="checkbox"/> Visit friends or family<br><input type="checkbox"/> Missionary/volunteer/humanitarian relief | <input type="checkbox"/> Work (urban, office-based, conference)<br><input type="checkbox"/> Work (rural, outdoors, in local community)<br><input type="checkbox"/> To obtain medical or dental care<br><input type="checkbox"/> Other: |
|--|--|

### Activities

Will you be visiting areas that are?

Rural  Yes  No  unsure      Urban  Yes  No  unsure      Primitive or remote  Yes  No  unsure

Will you be engaging in any of the following? (Choose all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Safari<br><input type="checkbox"/> Adventure (e.g. climbing, skiing)<br><input type="checkbox"/> Diving<br><input type="checkbox"/> Ascending to high altitudes | <input type="checkbox"/> Potential exposure to body fluids (e.g. tattooing)<br><input type="checkbox"/> Potential exposure to animals<br><input type="checkbox"/> Potentially having new sexual partners<br><input type="checkbox"/> Hiring car/motorbike |
|--|---|

### Accommodation (choose all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Resort/large hotel<br><input type="checkbox"/> Small hotel/guest house/B&B<br><input type="checkbox"/> Dormitory/hostel<br><input type="checkbox"/> Air-conditioned | <input type="checkbox"/> Up-scale camping/lodge<br><input type="checkbox"/> Primitive camping<br><input type="checkbox"/> Private home<br><input type="checkbox"/> Cruise ship |
|--|--|

### Countries and cities in order of visit (continue over back of page if needed)

Country	Arrival	Departure

### Vaccination history

Have you had an adverse reaction to an immunisation?  Yes  No explain: \_\_\_\_\_

Did you miss any childhood immunisations?  Yes  No which ones? \_\_\_\_\_

Have you received the following?

	Yes	Date:	No	Unsure
Hepatitis A				
Hepatitis B				
Meningococcal				
Measles/Mumps/Rubella				
Polio				
Tetanus				
Typhoid				
Yellow Fever				
Japanese Encephalitis				
Influenza				
Other				

### General health information

Do you have any allergies (foods, medicines)?  Yes  No explain: \_\_\_\_\_

Are you or your partner pregnant or intending to become pregnant?  Yes  No

Are you breastfeeding?  Yes  No

**Please check health conditions & medications (including OTC) with health provider & ask for a print out to take with you**