

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)

- ☐ Vacation ☐ Work (urban, office-based, conference)
☐ Education/research ☐ Work (rural, outdoors, in local community)
☐ Adoption ☐ To obtain medical or dental care
☐ Visit friends or family ☐ Other:
☐ Missionary/volunteer/humanitarian relief

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)

- ☐ Safari ☐ Potential exposure to body fluids (e.g. tattooing)
☐ Adventure (e.g. climbing, skiing) ☐ Potential exposure to animals
☐ Diving ☐ Potentially having new sexual partners
☐ Ascending to high altitudes ☐ Hiring car/motorbike

Accommodation (choose all that apply)

- ☐ Resort/large hotel ☐ Up-scale camping/lodge
☐ Small hotel/guest house/B&B ☐ Primitive camping
☐ Dormitory/hostel ☐ Private home
☐ Air-conditioned ☐ 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