

# Green Practice Stockbridge Health Centre

## Pre Travel Questionnaire

Date completed: \_\_\_\_\_

Please complete this form at least **4-8 weeks** prior to you departure date. Please provide as much detail as possible so the nurse can make a thorough assessment of you requirements'. The practice nurse will aim to call you 5-7 days after you submit this form. Some courses of vaccines can take 4 weeks to complete. Please be aware that the practice holds a limited supply of vaccines which are supplied and administered free of charge but some recommendations are not covered under the NHS and will be issued as a private prescription. The Pharmacy will charge a fee per item on a Private Prescription, charges also apply at the practice for these NON-NHS vaccinations and medications. **Max fee to the practice VARIES – Nurse will discuss)**

For detailed travel advice please visit [www.8weekstogo.co.uk](http://www.8weekstogo.co.uk) or [www.fitfortravel.scot.nhs.uk](http://www.fitfortravel.scot.nhs.uk)

Name/DOB: _____		
Accurate contact telephone no: _____		
Departure date: _____		Return date/duration of trip: _____
<b>Countries and cities to be visited</b>	<b>Length of stay</b>	<b>urban/rural/remote?</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

<b>Please circle to describe your trip:</b>			
<b>1. Type of trip:</b>	business	pleasure	other e.g. surgery
	package	self organised	backpacking gap year
	camping	cruise	trekking
<b>2. Accommodation:</b>	hotel/B+B	hostel	relatives/friends
<b>3. Travelling:</b>	alone	family/friend	group organised tour
<b>4. planned activities:</b>	safari	adventure e.g. diving, rafting,	surgery/tattoos

<b>Medical History</b>
Do you have any allergies e.g. eggs, nuts, antibiotics? _____
Have you ever had a serious reaction to a vaccination? Please describe _____
Does having an injection make you feel faint? _____
Do you or any close relatives have epilepsy? _____
Do you suffer from psoriasis? _____
Do you have a history of mental health illness such as depression or anxiety? _____
Have you recently undergone radiotherapy, chemotherapy or steroid treatment? _____
<b>Women only:</b> Are you pregnant, planning a pregnancy or currently breast feeding? _____
Any other relevant further information you wish to tell us? _____

**Vaccine History** – have you had any of the following vaccines or malaria tablets, please supply dates (approx):

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A (1)		Hepatitis B	
Meningitis		Hepatitis A (2)		Influenza	
Rabies		Jap B enceph		Tick borne	
Others	Yellow Fever				
Malaria Tabs					

If you have a chronic or long term illness have you checked that your travel insurance will provide adequate cover? Advice can be obtained at your travel health appointment.

**For Official Use**

**Recommended travel vaccines for this trip**

Disease protection	Yes	No	NHS or Private	Further Information
Tetanus				
Diphtheria				
Polio				
Hepatitis A				
Hepatitis B				
Typhoid				
Cholera				
Yellow Fever				
Meningitis ACWY				
Rabies				
Jap B enceph				
Other:				

**Malaria risk and chemoprophylaxis**

No risk                  Variable risk                  High risk

Chloroquine + Proguanil		Atovaquone + Proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline		Malaria leaflet given	

Further information e.g. contraindications identified, child weight

Signed by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Calls to patient:

- 1.
- 2.

Complete: \_\_\_\_\_ Position: \_\_\_\_\_ Date \_\_\_\_\_

**Disclaimer:** Please note the practice nurses will ONLY attempt contact on TWO occasions, thereafter it is your responsibility to re-contact the practice regarding your travel arrangements.