**PRE-TRAVEL PRECONSULTATION FORM – FOR CURRENT PATIENTS**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact ph. no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Usual GP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Departure date for trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have travel insurance for this trip? (Please circle) YES NO**

**If you do have travel insurance, 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? (Please circle)**

* **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 ever 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 Not applicable**

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