

PATIENT QUESTIONNAIRE FOR OVERSEAS TRAVEL

To help us advise you about vaccinations and other health matters for your trip abroad, please would you answer the followings questions as accurately and in as much detail as possible.

Patient No

Name:

Date of Enquiry

Address:

Date of Departure from UK

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DOB:

Contact number (daytime) Home/Work/Mobile

Country to be visited Town/City/Resort Coastal/Inland?	Arrival Date (or Start Date for trips)	Departure Date (or finish date for trips)	Total Number of Days	Type of Travel Hotel/Self Catering Back Packing/ Safari/Jungle
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PLEASE NOTE: Not all vaccines are provided by the NHS free of charge. Please ask for costs before having vaccinations. Payment will be asked for at the start of a course.

ENQUIRIES TO NURSES RECEPTIONIST IN PERSON OR TELEPHONE

MONDAY TO FRIDAY 14.00 TO 16.30 only on 01794 528523

:

- **Have you ever had a reaction to a vaccination?** YES/NO

If yes give details

- **Are you pregnant?** YES/NO
- **Are you trying to become pregnant?** YES/NO
- **Are you on any Chemotherapy at present?** YES/NO
- **Are you on Oral Steroids?** YES/NO
- **Do you suffer from?**
 - **Diabetes** YES/NO
 - **Heart problems** YES/NO
 - **Breathing problems** YES/NO
- **Any history of Anaphylaxis/Allergy/Fainting** YES/NO
If yes, please specify below:

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PLEASE SIGN THE FOLLOWING DECLARATION. If signing for a child please state relationship.

I have given the information above to the best of my knowledge and accept that if I subsequently change my travel plans I will not hold Alma Road Surgery responsible for any inaccuracies in the medical advice given to me as a result of these changes.

I also consent to the administration of appropriate travel vaccinations.

Name

Signature

Relationship to Child

Date