

# PRINCES GARDENS SURGERY

## INTENTION TO TRAVEL ABROAD – ADVICE REQUEST FORM

PERSONAL DETAILS				
FULL NAME			TEL: HOME	
D.O.B			TEL: WORK	
ADDRESS			TEL: MOBILE	
ITINERARY & PURPOSE OF VISIT				
	TRAVEL DATE	COUNTRY TO BE VISITED	LENGTH OF STAY	AREA/S YOU INTEND TO STAY
1.				
2				
3				
4.				
PLEASE CIRCLE (AS APPROPRIATE) BELOW TO BEST DESCRIBE YOUR TRIP				
TYPE OF TRIP	BUSINESS	PLEASURE	OTHER	
HOLIDAY TYPE	PACKAGE	CRUISE	BACKPACKING	VOLUNTEERING
	CAMPING	TREKKING	SAFARI	ADVENTURE HOLIDAY
ACCOMMODATION	FAMILY/ FRIENDS	3-4* HOTEL	HOSTEL	SHIP
	1.2 *HOTEL	5* HOTEL and above	CARAVAN	TENT
TRAVELLING	ALONE	WITH FAMILY/FRIEND		IN A GROUP
STAYING IN AN AREA WHICH IS	URBAN	RURAL		ALTITUDE
PLANNED ACTIVITIES	SAFARI	ADVENTURE		OTHER
PERSONAL MEDICAL HISTORY (PLEASE TICK ANY THAT APPLY)				
1. Do you have any recent or past medical history of note? (e.g. diabetes, cancer, heart or lung problems)?				
2. Are you or could you be Pregnant or breastfeeding?				
3. Do you have any recent or past history of depression or anxiety?				
4. Do you have a current history of epilepsy?				
5. Are you taking steroid tablets?				
6. Are you having immuno-suppressant therapy?				
7. Are you or have you just finished radiotherapy or chemotherapy?				
8. Do you have an auto-immune disease? <sup>i</sup>				
9. Are you at risk of being HIV positive?				
10. Have you recently suffered from any infection (heavy cold, flu or temperature)?				

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11. Have you had an adverse reaction to past immunisations?		
12. Do you have any allergies (e.g. egg, antibiotics or nuts)?		
<b>Date of completion</b>		
<b>For discussion when risk assessment is performed within your appointment:</b> I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to vaccines being given.		
Signed:		Date:
Signed on behalf of patient (Parent/Guardian):		Date:
<b>FOR OFFICE USE ONLY</b>		
<b>TRAVEL RISK ASSESSMENT PERFORMED</b>		
<b>TRAVEL VACCINES RECOMMENDED FOR THIS TRIP (CIRCLE AS APPROPRIATE)</b>		
DTP	HEP A	TYPHOID
MMR	MENACWY	HEP B
YELLOW FEVER	CHOLERA	JAPANESE ENCEPHALITIS
RABIES		
OTHER		
<b>TRAVEL ADVICE GIVEN (CIRCLE AS APPROPRIATE)</b>		
FOOD, WATER AND PERSONAL HYGIENE ADVICE	TRAVELLERS DIARRHOEA	HEP B & HIV
INSECT BITE PREVENTION	ANIMAL BITES	ACCIDENTS
INSURANCE	AIR TRAVEL	SUN & HEAT PROTECTION
ALTITUDE	MEDICATION	
<b>MALARIA PREVENTION ADVICE &amp; MALARIA CHEMOPROPHYLAXIS (CIRCLE AS APPROPRIATE)</b>		
CHLOROQUINE & PROGUANIL	ATOVAQUONE & PROGUANIL (MALARONE)	CHLOROQUINE
MEFLOQUINE	DOXYCYCLINE	MALARIA ADVICE
SIGNED:	POSITION:	DATE:

