

DUNDRUM & CLOUGH SURGERY - TRAVEL RISK ASSESSMENT FORM

Please complete this form prior to your appointment and 4-6 weeks before travel date.

Name:	Date of birth:
	Male <input type="checkbox"/> Female <input type="checkbox"/>
E-mail:	Telephone No:
	Mobile No:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW

Date of departure:		Total length of trip:	
COUNTRY TO BE VISITED	EXACT LOCATION/REGION	CITY/RURAL	LENGTH OF STAY
1.			
2.			
3.			

Have you taken out travel insurance for this trip? YES/NO

Do you plan to travel abroad again in the future? YES/NO

TYPE OF TRAVEL AND PURPOSE OF TRIP – please tick all that apply

Holiday		Staying in hotel		Backpacking	
Business trip		Cruise ship trip		Camping/hostels	
Expatriate		Safari		Adventure	
Volunteer work		Pilgrimage		Diving	
Healthcare worker		Medical tourism		Visiting friends/family	

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY

	YES	NO	DETAILS
Are you fit and well today			
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, including eg your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding/clotting disorders (including history of DVT)			
Heart Disease (eg angina, high blood pressure)			
Diabetes			
Disability			

	YES	NO	DETAILS
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			
Liver and kidney problems			
HIV/AIDS			
Immune system condition			
Mental Health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
WOMEN ONLY			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy whilst away?			

ARE YOU CURRENTLY TAKING ANY MEDICATION (prescribed, purchased or a contraceptive pill)?

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PLEASE INDICATE IF ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST

Tetanus/polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese Encephalitis		Tick borne Encephalitis	
Yellow fever		BCG		Other	
Malaria tablets					

ANY ADDITIONAL INFORMATION

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TRAVEL VACCINE FEES

Diphtheria, Hepatitis A, Polio, Tetanus and Typhoid travel vaccines are available **free** for Dundrum and Clough patients that are registered for NHS services.

Hepatitis B, Japanese Encephalitis, Meningococcal, Rabies, Tick Borne Encephalitis, Malaria, Yellow Fever and Cholera travel vaccines are **only** available on private prescription and will incur a fee at the pharmacy. A travel risk assessment/consultation fee of £25 per adult and £10 per child (under 18) is also payable to the Surgery. This must be paid prior to receiving your prescription.

CONSENT OF PATIENT

Signature of patient: _____

Date: ___/___/___

