HADDENHAM MEDICAL CENTRE
TRAVEL RISK ASSESSMENT FORM
BOOKING

Please complete this form prior to your travel appointment and return to reception
One form per person to be completed

Personal details		
Name:		d.o.b.
Contact telephone number:		Male { } Female { }
Email:		

Dates of trip	
Date of Departure:	
Return date or overall length of trip	

Itinerary and purpose of visit		
Country to be visited	Length of stay	How remote is the destination
1		
2		
3		

Please tick as appropriate below to best describe your trip						
Type of Trip	Business		Pleasure		Other	
Holiday Type	Package		Self Organised		Backpacking	
	Camping		Cruise ship		Trekking	
Accommodation	Hotel		Relatives		Other	
Travelling	Alone		With family/friend		In a group	
Staying in area which is	Urban		Rural		Altitude	
Planned Activities	Safari		Adventure		Other	

Some vaccinations are chargeable. You will be advised of the cost at the time of consultation. Payment may be made by cash or cheque. Patients who are not registered at the surgery will be charged a consultation fee plus the cost of all vaccinations.

Yellow fever vaccination is chargeable to all patients whether registered or not.

Personal Medical History	
Do you have any recent or past medical history of note, (including diabetes, heart, lung thymus disease conditions)?	
List any current or repeat medications	
Do you have any allergies for example to eggs, antibiotics, nuts?	
Have you ever had a serious reaction to a vaccine given to you before?	
Does having an injection make you feel faint?	
Do you or any close family members have epilepsy?	
Do you have any history or mental illness including depression or anxiety?	
During the past year have you undergone radiotherapy, chemotherapy or steroid treatment?	
Women only: Are you pregnant or planning pregnancy or breast feeding?	

LIFESTYLE: SMOKING	**LIFESTYLE: ALCOHOL**
Do you currently smoke? ☐ Yes, I currently smoke ____ cigarettes / day ___ cigars / day / pipe ☐ No, but I used to smoke regularly. I stopped smoking in ____ (year). ☐ No, I have never been a regular smoker.	Do you drink alcohol? ☐ Yes, I drink, on average, ____ units of alcohol a week. ☐ Yes, but I drink alcohol but only very occasionally. ☐ No, I am teetotal. (1 unit = ½ pint of beer/cider, 1 standard glass of wine or 1 standard unit of spirits)

Please write any further information which you consider may be relevant	

Vaccination History – *please record vaccinations that have been given elsewhere. We have a record of vaccinations that have been given at the Medical Centre*					
Have you ever had any of the following vaccinations/malaria tablets and if so when?					
	Dates		Dates		Dates
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria Tablets					

For discussion when risk assessment is performed within your appointment

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: …… Date: ……..

For official use:
Patients Name:
Travel risk assessment performed Yes { } No { }

TRAVEL VACCINES RECOMMENDED FOR THIS TRIP			
Disease protection	Yes	No	Further information
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encephalitis			
Other			

TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL					
Food water & personal hygiene advice		Travellers' diarrhoea		Hepatitis B & HIV	
Insect bite prevention		Animal bites		Accidents	
Insurance		Air Travel		Sun & heat protection	
Website		Travel Record card Supplied			
		Other			

MALARIA PREVENTION ADVICE AND MALARIA CHEMOPROPHYLAXIS			
Chloroquine and proguanil		Atovaquone & Proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	

FURTHER INFORMATION e.g. weight of child
Signed by…… Position…… Date ……

Scan this form into patient's record on the computer for evidence of best practice

Updated 27.03.12