

PITCAIRN PRACTICE

Balmullo & Leuchars

TRAVEL HEALTH QUESTIONNAIRE

Personal Details		
Name:		Date of Birth:
Address:		Telephone Number:
Medical History:		
Current Illnesses:		
Current Medications:		
Allergies:	Pregnancy	Breast Feeding
YES / NO	YES / NO	YES / NO

Travel Details: <i>Please inform us in detail of all countries to be visited and duration of stay in each, (if visiting more than on country)</i>		
Countries to be Visited:	Length of Stay in Each:	Date of Travel:
Type of Holiday:		
Package:	<input type="checkbox"/> Business < 3 months	<input type="checkbox"/> Business > 3 months
Self Organised	<input type="checkbox"/> Back Packing	<input type="checkbox"/> Voluntary Work
Visiting Family	<input type="checkbox"/> Elective	<input type="checkbox"/> Other

Areas to Be Visited: <i>Please supply as much information as possible</i>				
URBAN	URBAN RURAL	RURAL	ALTITUDE > 300m	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accommodation:		
GOOD	BASIC	POOR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are Vaccines in Date for Life in Britain as recommended by D.O.H?					
Diphtheria	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Hepatitis B (For health workers)	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	Influenza	<input type="checkbox"/>		<input type="checkbox"/>
Polio	<input type="checkbox"/>	Pneumococcal	<input type="checkbox"/>	B.C.G (for those at high risk)	<input type="checkbox"/>

Consider advice for specific countries to be visited Print travex information

Infections for which Vaccinations or Boosters are Usually Advised if Necessary						
Vaccine	Advised / Discussed	NHS / Private	Script Generated	Vaccine ordered and paid for if appropriate	Date Given	GP signature

Vaccines for which vaccination is appropriate on special circumstances						
Vaccine	Advised / Discussed	NHS / Private	Script Generated	Vaccine ordered and paid for if appropriate	Date Given	GP signature

Antimalarials: Discuss Options and Advise					
Type	Info Sign On	Private Script / Chemist	Ordered & Paid for	Patient received	GP Signature

Advice Leaflets Provided On:					
Sunburn	<input type="checkbox"/>	D.V.T.	<input type="checkbox"/>		<input type="checkbox"/>
Food & water Hygiene	<input type="checkbox"/>	Rabies	<input type="checkbox"/>		<input type="checkbox"/>
Insect Bite Avoidance	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>