Laurel Bank Surgery
Malpas
Cheshire SY14 8PS
Tel: 01948 860205
Fax: 01948 860142

Pre-Travel Risk Assessment Form
for Non-Registered Patients

- Please complete this form and return it to the Practice.
- The Travel Nurse will contact you in due course with an appointment

Name:	☐ Male		☐ Female
Date of birth:		Telephone No:	
E mail:		Mobile No:	

INFORMATION ABOUT YOUR TRIP

Departure date:		Total length of trip:	

Country To Be Visited	Exact Location or Region	City or 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

Additional information:

DETAILS OF YOUR 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 e.g. your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding /clotting disorders (including history of DVT)			
Heart disease (e.g. angina, high blood pressure)			

Diabetes			
Disability			
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			
Liver and or 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 while away?			
Have you undergone FGM / been cut / circumcised			

Are you currently taking any medication (including prescribed, purchased or contraceptive pill)?					
PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST (It is important that you bring vaccination records with you.)					
Tetanus/Polio/Diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Tick Borne Encephalitis		Hepatitis B		Meningitis	
Japanese Encephalitis		Rabies		Cholera	
Yellow Fever		BCG		Other	
Malaria Tablets					

Any additional information:

To be scanned into patient's record.