

**Pre-Travel Risk Assessment Form
for 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:		<input type="checkbox"/> Male	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan to travel abroad again in the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking
<input type="checkbox"/> Business trip	<input type="checkbox"/> Cruise ship trip	<input type="checkbox"/> Camping/hostels
<input type="checkbox"/> Expatriate	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure
<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Diving
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Medical tourism	<input type="checkbox"/> Visiting friends/family
Additional information:		

DETAILS OF YOUR MEDICAL HISTORY	Yes	No	Details
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)			
Gastrointestinal (stomach) complaints			
Immune system condition			
Mental health issues (including anxiety, depression)			
Any other conditions?			
WOMEN ONLY			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

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.