**Pre-Travel questionnaire:**

Name: DOB: Age:

Country of birth: Occupation:

Have you travelled overseas previously? Yes / No

What is your reason for travelling? Please circle:

Business Visiting friends/family Tourism Other?

Have you ever experienced any health problems whilst travelling? Please circle:

Altitude sickness Motion sickness Diarrhoea Malaria Other?

Date of departure: Current state of health:

What is your itinerary; include countries in order of travel. Attach any tour information available:

|  |  |  |
| --- | --- | --- |
| **Country** | **Towns** | **Duration of stay,dates in known.** |
|  |  |  |
|  |  |  |
|  |  |  |

Accommodation during your trip, please circle:

Air conditioned Camping Homestays Mixed

Activities planned during travel include, please circle:

Diving Snorkelling or surfing Travel to rural/remote areas Camping/Trek

Providing medical care High Altitude Back-packing/Hostels Restricted work
 camp

\*Regular medications, please list:

\*Medical history? Chronic conditions? (i.e Depression, Diabetes, Epilepsy, Hepatitis, Varicose veins, Cardiovascular disorders)

Please list:

Allergies? (i.e egg, latex, penicillin) Please list:

For women – Are you pregnant, breast feeding or planning pregnancy in the next 3 months?
Please circle: Yes / No

Did you receive all you childhood vaccinations? Please circle: Yes / No / Unsure

Have you ever received any travel vaccinations? Attach record if available, if not please circle:

Polio Hepatitis A Rabies Japanese Encephalitis Hepatitis B
Typhoid Meningitis Cholera Other:

**\* If you’re a patient at Queen Street Medical and we have your medication and medical history on record, this information is not required.**

**Nurse to complete as relevant (tick when completed)**

Food and water advice Altitude Insect precautions

Travel medication Sexual Health DVT/Jet lag

Treatment of diarrhoea Personal safety Other

Travel insurance Rabies Rabies ID

Pregnancy Health on return