

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:

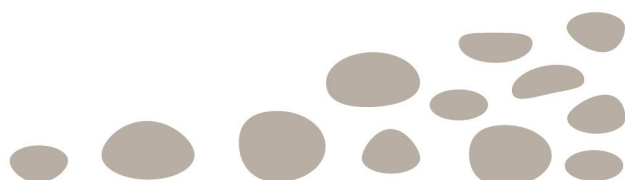
Diving Snorkelling or surfing Travel to rural/remote areas Camping/Trek
 Providing medical care High Altitude Back-packing/Hostels Restricted work camp

*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 ____

