Dr Martin Seers
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selwyn street medical

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Pre-Travel questionnaire:

Name: DOB: Age:

Country of birth: Occupation:

Have you travelled overseas previously? Yes/No

What is you reason for travelling? Please circle:

Business Visiting friends and relatives 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 as available:

Country	Towns	Duration of stay, include dates if known

Accommodation during your trip? Please circle:

Air conditioned Camping Homestays Mixed

*Regular medications, please list?_____

*Medical history? Chronic conditions? (i.e Depression, Diabetes, Epilepsy, Cardiovascular disorders, Hepatitis, Varicose veins) 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? Circle: Yes/No

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

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

Polio Hepatitis A Rabies Japanese Encephalitis

Hepatitis B Typhoid Meningitis Cholera Other_____

*** If you're a patient at Selwyn St 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 meds__	Sexual Health__	DVT/Jet lag__
Treatment of diarrhoea__	Personal safety__	Other_____
Travel insurance__	Rabies__	Rabies ID__
Pregnancy__	Health on return___	