

SEASIDE MEDICAL CENTRE – TRAVEL
SERVICES



PATIENT QUESTIONNAIRE – PRIVATE AND
CONFIDENTIAL

Please read this entire form – not doing so may lead to unnecessary delays!

Please answer all the questions as any sections not completed may delay the administration of immunisations, once complete and return it to reception who will date stamp the form.

Please note a period of eight weeks is required between completing this form and your holiday departure

We will contact you when it has been assessed by the nurses (within a 4 week timeframe) and will be able to let you know what, if any, immunisations you will need for your holiday/business trip and can make you a convenient appointment.

Seaside Medical Centre will not be able to administer vaccines not covered by the NHS such as hepatitis B and yellow fever and you will need to attend a travel clinic for these, where there will be a fee.

We can provide you with a list of travel clinics.

Whilst we will always try to accommodate patients who have booked holidays at short notice, this may not be possible.

NAME:

ADDRESS:

TEL NO:

DATE OF BIRTH:

1a. Which countries will you be visiting? Please state the part of the country, including any stop-overs, however brief:

1b. How long is your stay?

2. What will your accommodation be? Family home / hotel / villa / other, please state:

3a. Are you planning any safaris / jungle exploration or travel in difficult terrain?

3b. Would you be able to obtain medical assistance within 24 hours?

4. Date of departure:

5. Duration of stay abroad:

- 6a. Have you had or are you suffering from, heart disease or other chronic illness?
YES / NO – if yes, please give details:
- 6b. Do you have any health problems, are you pregnant or breast feeding or taking any immunosuppressant drugs?

7. Are you well today?

8. Are you allergic to anything, particularly chicken, eggs or Penicillin or have you ever had a reaction to any previous injections?

9. Please state type and date of any previous immunisations (if known), ie. Tetanus, polio, hepatitis, etc.

10. Please give details of any medication you are on:

NOTE: If you are on any medication, REMEMBER to pack enough supplies to last for the length of your overseas visit.

PATIENT CONSENT

I have received and understood the advice given to me concerning:

Travel vaccination requirements

Anti-malarial prophylaxis

General preventative measures

For myself/my child and consent to the administration of the vaccines identified above.

Signature..... Date.....

Nurse/Doctor's signature..... Date.....

Office Use Only

Received: Given to nurse:

Returned to reception: Appointment booked: