Pre-Travel Questionnaire

Once completed please email to [info@casebrooksurgery.pegasus.net.nz](mailto:info@casebrooksurgery.pegasus.net.nz)

The cost for travel consultations are $90 and consist of a doctors and a nurses appointment. We do not carry all vaccinations in stock, if we need to order yours in we will need book in a later appointment time for these to be administered. Any required vaccinations will need to be paid for prior to ordering.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | Family Name | |
| DOB | Gender | | Age |

|  |  |  |
| --- | --- | --- |
| Nationality/Ethnicity | Country of Birth | Occupation |

|  |  |
| --- | --- |
| Address | Mobile |

PREVIOUS IMMUNISATIONS: (If you have a copy of your full immunisation record please attach)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Y/N | Approx Date |  | Y/N | Approx Date |
| Routine childhood imms |  |  | Cholera |  |  |
| Tetanus |  |  | Yellow Fever |  |  |
| Polio |  |  | Meningitis |  |  |
| Hepatitis A |  |  | Japanese Encephalitis |  |  |
| Hepatitis B |  |  | Rabies |  |  |
| Typhoid |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Any Previous reactions to immunisations? | Yes | No |
| Egg allergy? | Yes | No |

**If you are an enrolled patient with Casebrook Surgery please skip to “About Your Travel” section**

DO YOU SUFFER FROM / HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING? (Tick applicable)

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Abnormal blood clotting/bleeding |  |  |
| Heart Disease |  |  |
| Asthma |  |  |
| Diabetes |  |  |
| Epilepsy/Seizures |  |  |
| Hepatitis |  |  |
| Depression/severe anxiety |  |  |
| Cancer |  |  |
| Recent surgery (within past 3 months) |  |  |
| Any other serious medical conditions (Please detail below) |  |  |
| Details: | | |

# Females only:

|  |  |  |
| --- | --- | --- |
| Are you pregnant or breast-feeding? |  |  |
| Are you taking the Oral Contraceptive Pill? |  |  |

|  |  |
| --- | --- |
| Current medications |  |
| Allergies |  |

**About Your Travel**

PURPOSE (tick as many as applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Vacation |  | Visiting relatives |  |
| Business |  | Other (explain below) |  |
| Details: | | | |

DESTINATIONS / ITERNARY (Please complete below, or attach copy of itinerary):

|  |  |  |  |
| --- | --- | --- | --- |
| Country | Cities/Regions | Date arrive | Date Depart |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

STAYING AT (tick applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Resorts / 4-5 star hotels |  | Private homes |  |
| 2-3 star hotels |  | Camping |  |
| Backpackers |  | Airbnb |  |

WILL YOUR TRIP INVOLVE ANY OF THE FOLLOWING (tick applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Staying at high altitude (>2500m) |  | Scuba diving |  |
| Staying in remote/rural areas |  | Jungle exposure |  |
| Day trips to remote/rural areas |  | Contact with animals |  |
| Trekking |  | Caving |  |

# TRAVELLING WITH:

|  |  |  |  |
| --- | --- | --- | --- |
| Partner |  | Sports team |  |
| Family |  | Organised group tour |  |
| Friends |  | Self/solo trip |  |
| Other | | | |

MODES OF TRANSPORT (tick applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Flying |  | Cycling |  |
| Train |  | Motorcycle |  |
| Bus |  | Small boat |  |
| Private car |  | Cruise |  |

Have you arranged Travel Insurance – what is the extent of your cover?

If you would like information on the travel requirements for your destination you can visit <https://www.fitfortravel.nhs.uk/home> or <https://wwwnc.cdc.gov/travel/>