

Travel Questionnaire - Ancrum ONE, Drs, Arthur, Arthur, Clarke & Sinclair

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| Name: |
| Address: |

| | |
|-----------------|--------------------|
| DOB: | Age: |
| Tel No: | Sex: Male / Female |
| Departure date: | |

| Travel details | Country & Region or City | Duration of stay: (days) |
|--------------------|--------------------------|--------------------------|
| First destination | | |
| Second destination | | |
| Third destination | | |
| Fourth destination | | |
| | | Total duration: days |

| | |
|------------------------------|--|
| Type of trip: | |
| Please circle any that apply | <ul style="list-style-type: none"> • Package holiday • Cruise • Backpacking or expedition • Business or Work related • Voluntary/charity work • Visiting family or friends <p>Other, please state:</p> |

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|---|
| Other Questions: |
| Will you be staying in a remote or rural area with little access to medical care? Yes / No |
| Are you pregnant? Yes / No / Not applicable |
| Please list any special travel needs or disabilities: |
| Please list any previous allergies or problems you have had with vaccines or malaria tablets: |

| Please list any vaccinations given outside this practice: | |
|---|---------|
| Date | Vaccine |
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| The GP or Practice nurse will call you to discuss your travel needs. Please indicate convenient times to call. | |
|--|---------|
| Mon | am / pm |
| Tues | am / pm |
| Wed | am / pm |
| Thurs | am / pm |
| Fri | am / pm |

Please return the completed questionnaire to the Practice receptionist. You will be contacted within one week. Make sure you have completed a form for each person who needs travel advice, vaccination or malaria prophylaxis.