

TRAVEL HEALTH

Pre-travel Clinic Record

Health Travel Booklet given? Yes <input type="checkbox"/> No <input type="checkbox"/>											
Name:		Unit No.		DOB: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	
D	D	M	M	Y	Y						
		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>									
Patient's address:			GP name:								
			Address:								
Postcode:			Postcode:								
Tel no.			Tel no.								
Medical history:											
Current health problems:			Current medication:								
Allergies:			Pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> No. of weeks <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
TRAVEL DETAILS: (in order first to last) Date of departure: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table> Total duration: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td></tr></table>					D	D	M	M	Y	Y	
D	D	M	M	Y	Y						
Destination(s): (Record no. of weeks in box)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Type of trip (please tick all that apply)			Areas to be visited		Accommodation						
Package holiday <input type="checkbox"/> Immigration <input type="checkbox"/> Voluntary/charity work <input type="checkbox"/> Cruise <input type="checkbox"/> Organised adventure holiday <input type="checkbox"/> Elective/Student <input type="checkbox"/> Business < 3 months <input type="checkbox"/> Backpacking <input type="checkbox"/> Aid worker <input type="checkbox"/> Business > 3 months <input type="checkbox"/> Visiting family and friends <input type="checkbox"/> Self organised <input type="checkbox"/>			Urban <input type="checkbox"/> Rural <input type="checkbox"/> Altitude >3000m <input type="checkbox"/> Beach <input type="checkbox"/>		Good <input type="checkbox"/> Basic <input type="checkbox"/> Poor <input type="checkbox"/> Not known <input type="checkbox"/>						
Occupation/activities abroad:			Subsequent notes								
			Date								
Risks discussed: Yes No N/A			Date								
			Bite avoidance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food/water hygiene <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Blood borne viruses <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rabies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Schistosomiasis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insurance/accidents <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sun protection <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> please specify below:			Date					