Pre-Travel Questionnaire

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

The cost for travel consultations is $90 and consist of a doctor and a nurse’s 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. We may not be able to accommodate you if you are traveling within 2 weeks.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 &  Country Administered in |  |  | Cholera |  |  |
| Tetanus |  |  | Yellow Fever |  |  |
| Polio |  |  | Meningitis |  |  |
| Hepatitis A (2 doses) |  | 1.  2. | Hepatitis B (3 doses) |  | 1.  2.  3. |
| Japanese Encephalitis |  |  | 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/>