

# Hillhead Family Practice

## TRAVEL QUESTIONNAIRE

Please complete and return the information requested below in advance of booking an appointment with the GP / Nurse.

It is important to make this initial appointment as early as possible but we require a minimum of 6 weeks' notice to provide vaccination. If you are due to travel within the next 6 weeks, we would recommend you contact one of the MASTA travel clinics (further details can be obtained from our website [www.hillheadfamilypractice.co.uk](http://www.hillheadfamilypractice.co.uk))

### Cost of Travel Vaccines

The following travel vaccinations are free to patients and are provided by the surgery:

Diphtheria/Tetanus
Hepatitis A
Polio
Tetanus
Typhoid

The following travel vaccinations are not provided by the Surgery.

If you require any of these vaccinations, you will be directed to one of the travel clinics detailed on our website.

Encephalitis, Japanese
Encephalitis, tick borne
Hepatitis B
Rabies, pre-exposure only
Meningitis ACWY
Malaria
Yellow Fever

**Please note:**

- *It is your responsibility to ensure that you have the recommended vaccines*
- *Please take into account that only two vaccinations are recommended at any one time*

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About you	
<b>Name:</b>	
<b>Address:</b>	
<b>Contact phone number (day time)/mobile:</b>	
<b>Date of birth:</b>	
<b>Any current health problems:</b>  <i>e.g. pregnancy, diabetes, heart or lung conditions, epilepsy, thymus disorders, cancer, HIV</i>	
<b>Are you taking any medication:</b> <i>Please check attached list</i>	<b>Yes/No</b>
<b>Are you pregnant:</b>	<b>Yes/No/Not applicable</b>
<b>Height</b>	
<b>Weight</b>	
<b>Smoking Status</b>	<b>Never Smoked</b> <b>Ex-smoker</b> <b>Current Smoker of ____ per day</b>
<b>Are you planning to get pregnant:</b>	<b>Yes/No/Not applicable</b>
<b>Do you have or have you ever had any of the following:</b>  <i>Allergies (e.g. eggs, antibiotics)</i> <i>A previous reaction to any vaccine</i> <i>Recent surgery</i> <i>Treatment with steroids, chemotherapy or radiotherapy</i> <i>High blood pressure</i> <i>Epilepsy</i> <i>Fainting</i> <i>Anxiety, depression or mental illness</i>	
<b>Previous vaccinations, if known:</b> <i>Please detail below</i>	



## Hillhead Family Practice

About your trip	
<b>What countries are you visiting:</b> <i>Give details of the countries you will be visiting, in the correct order, including any country you may be just passing through</i>	
<b>Date of departure:</b>	
<b>Duration of stay:</b>	
<b>Are you travelling with:</b>	<b>Family / Group / Alone</b>
<b>Reason for Travel:</b>	<b>Holiday/business/back packing / Visiting family &amp; friends</b>
<b>Type of holiday/travel:</b>	<b>Package / Self organised / Cruising / Camping / Trekking / Backpacking</b>
<b>Areas to be visited:</b>	<b>Urban only/Urban and rural/Rural only</b>
<b>Planned activities:</b>	<b>Leisure /Adventure / Safari</b>
<b>Type of accommodation:</b>	
<b>Travelling to remote areas or away from medical help?</b>	<b>Yes/No</b>
<b>Anything else we need to know about your trip:</b>	

I have received travel information and advice on the risk and benefits of the vaccines recommended and have had the opportunity to ask questions.

I consent to the vaccines being given.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### Remember:

Allow plenty of time for a travel consultation, book an appointment with your nurse/doctor at least 6 weeks before you travel.

Take out adequate insurance for your destination and activities. A European Health Insurance Card (EHIC) entitles you to free or reduced rate medical care in most EU countries. You can apply for one free of charge online ([www.dh.gov.uk](http://www.dh.gov.uk)), by phone (**0845 606 2030**), or by post using a form from the Post Office

Find out about the place you are travelling, the Foreign and Commonwealth Office website [www.FCO.gov.uk](http://www.FCO.gov.uk) contains information and up to date advice on travelling abroad, including information about risks in specific countries

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**For Nurses' use only:**

<b>Needs (<u>no fee</u>):</b>	<b>Date last received</b>	<b>Required</b>
<i>Diphtheria</i>		
<i>Hepatitis A</i>		
<i>Polio</i>		
<i>Tetanus</i>		
<i>Typhoid</i>		

<i>Advised to attend yellow fever clinic?</i>	Yes / No
<i>Advised to attend MASTA travel clinic?</i>	Yes / No

**Comments:**

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<b>Practice Nurse's Signature</b>	
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<b>Date</b>	
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