



Consultation:

Pre-travel consultation form

Complete all parts and bring to consultation with Doctor

PATIENT DETAILS

Surname: _____ Given name: _____

Date of birth: ____/____/____ Age: _____ Sex: M: ____ F: ____

Country of birth: _____ Occupation: _____ Employer: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Email Address: _____

Medicare Number: _____ Reference no: _____ Expiry: ____/____/____

Private Health Insurance Name: _____

HEALTH DETAILS

Do you have any medical problems?

(e.g. asthma, diabetes, mental health illness, impaired immune system, thymus disorder, clot clots) Yes / No

If yes, please elaborate: _____

Are you taking any regular medications

(e.g. antibiotics, non prescribed medications, such as stomach or acid suppression medications, etc.) Yes / No

If yes, please elaborate: _____

Have you been hospitalised in the past 6 weeks for any reason? Yes / No

Have you been treated with chemotherapy or radiotherapy within the last 12 months? Yes / No

Are you allergic to anything?

(e.g. eggs, drugs, bee stings, band-aids, latex, severe reaction following any vaccine) Yes / No

If yes, please elaborate: _____

Have you ever felt faint or fainted after an injection or a blood test? Yes / No

Have you ever been diagnosed with Guillain-Barre syndrome? Yes / No

Women only

Are you pregnant or planning to become so within 3 months of your return Yes / No

Are you breastfeeding? Yes / No

Are you taking any birth control pills, using a birth control patch, ring or shot/injection? Yes / No

TRAVEL DETAILS

Do you have any particular health concerns regarding this trip? Yes / No

If yes, please elaborate: _____

Have you been vaccinated with any vaccine in the last three months? Yes / No

What is the main purpose of your trip? Holiday: _____ Business: _____ Visit friends/family: _____ Other: _____

Date departing Australia: ____/____/____ Date returning to Australia: ____/____/____

Are you travelling with children? Yes / No

PLEASE LIST IN CHRONOLOGICAL ORDER THE COUNTRIES YOU INTEND VISITING

Destination (Country)	Date of Arrival	Duration (days)	Accommodation/activities
1.			A B C D
2.			A B C D
3.			A B C D
4.			A B C D
5.			A B C D
6.			A B C D
7.			A B C D
8.			A B C D
9.			A B C D
10.			A B C D

A = In transit. Not leaving the airport.

B = Hotel in major city/resort.

C = Budget accommodation in town/city.

D = Trekking and/or rural travel.



VACCINATION DETAILS

Did you miss any of the usual childhood vaccinations?

Yes / No / Unsure

Have you ever had the following vaccinations?

Vaccine	Year	Never	Do not know
Cholera			
Hepatitis A			
Hepatitis B			
Influenza			
Japanese Encephalitis			
Meningococcal meningitis			
Pneumococcal			
Polio			
Rabies			
Tetanus			
Tuberculosis			
Typhoid			
Yellow Fever			
Other			