

# Nantwich Health Centre

## Travel Clinic Questionnaire

### NHC Registered Patients

Please complete all sections, one form for each traveller.

The nurse will undertake the necessary checks to determine which vaccinations are required. We will endeavour to contact you within 48 hours of receipt of your completed form.

Some vaccines and anti-malarial medication are not available under the NHS, therefore, incur a charge. Please see list of Practice charges in reception.

Vaccinations charges are required to be paid, **IN FULL**, prior to your appointment, to enable us to order the relevant vaccinations from the supplier.

The pharmacist will then apply this charge again for the requested items. These charges will vary between pharmacies.

The website that we use to advise you, is called NATHNAC and is available via the Practice website. Please feel free to do your own homework prior to your appointment.

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Date Form Received:</b>	

<b>Vaccination Fee Paid:</b>	<input type="checkbox"/> Yes <b>Date:</b> _____ <b>Payment taken by:</b> _____
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**TRAVEL RISK ASSESSMENT FORM** – ideally to be completed by traveller prior to appointment.

Name:		Date of birth	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
E mail:		Telephone number:	
		Mobile number:	
<b>PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW</b>			
Date of departure:		Total length of trip:	
<b>COUNTRY TO BE VISITED</b>	<b>EXACT LOCATION OR REGION</b>	<b>CITY OR RURAL</b>	<b>LENGTH OF STAY</b>
1.			
2.			
3.			
Have you taken out travel insurance for this trip?			
Do you plan to travel abroad again in the future?			
<b>TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY</b>			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking	<u>Additional information</u>
<input type="checkbox"/> Business trip	<input type="checkbox"/> Cruise ship trip	<input type="checkbox"/> Camping/hostels	
<input type="checkbox"/> Expatriate	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	
<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Diving	
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Medical tourism	<input type="checkbox"/> Visiting friends/family	
<b>PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY</b>			
	<b>YES</b>	<b>NO</b>	<b>DETAILS</b>
Are you fit and well today			
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, including e.g. your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding /clotting disorders (including history of DVT)			
Heart disease (e.g. angina, high blood pressure)			
Diabetes			
Disability			
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			
Liver and or kidney problems			
HIV/AIDS			
Immune system condition			

	YES	NO	DETAILS
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
<b>Women only</b>			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

**Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?**

PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST					
Tetanus/polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese Encephalitis		Tick Borne Encephalitis	
Yellow fever		BCG		Other	
Malaria Tablets					

**Any additional information**

Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with resources below.

1. Chiodini J, Boyne L, Grieve S, Jordan A. (2007) *Competencies: An Integrated Career and Competency Framework for Nurses in Travel Health Medicine*. RCN, London. [www.rcn.org.uk](http://www.rcn.org.uk)
2. Field VK, Ford L, Hill DR, eds. (2010) *Health Information for Overseas Travel*. National Travel Health Network and Centre, London, U [www.nathnac.org](http://www.nathnac.org)

Form devised and created by Jane Chiodini © March 2012

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed following the consultation with the Practice Nurse**

I have, to the best of my knowledge, disclosed all relevant details relating to my medical history, as outlined in the questionnaire.

I understand the implications of knowingly withholding such important information prior to administration of the vaccine.

<b>Patient's Signature:</b>	
<b>Date:</b>	

I have discussed the contraindications, risks and side effects of the vaccines.

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