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**St Margaret’s Medical Practice – Travel Risk Assessment Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please complete the form below, providing as much information regarding your trip, so that we may tailor the advice to you. If you have a complex travel itinerary you may require a course of vaccinations over several weeks. Below are some useful websites that you may wish to visit prior to your appointment.**  [**www.travelhealthpro.org.uk**](http://www.travelhealthpro.org.uk)[**www.fitfortravel.nhs.net**](http://www.fitfortravel.nhs.net)[**www.fco.gov.uk**](http://www.fco.gov.uk)  **Please note if you fail to give us 48 hours notice to cancel the appointment you will not be offered another appointment at the surgery**  Some vaccines and all anti-malarial treatments are not available through the NHS and will incur a cost. | | | | | | | | | |
| Name: | | | | | | | Date of Birth: | | |
| Address: | | | | | | | Telephone No:  Mobile No: | | |
| Email address: | | | | | | | | | |
| Date of Travel: | | | | Length of travel: | | | | | |
| **Country (in order of visiting):** | | **Region/State/Province:** | | | | **City/Town/Rural:** | | | **Length of stay:** |
|  | |  | | | |  | | |  |
|  | |  | | | |  | | |  |
|  | |  | | | |  | | |  |
| **Purpose of trip (circle all that apply)** | | | Cruise | | Business | | | Organized adventure holiday | |
| Back-packing | Voluntary/charity work | | Elective/student | | Self organized | | | Visiting friends and relatives | |
| Healthcare worker | Rescue Work | | Pilgrimage | | Package Holiday | | | | |
| Accommodation:  Hotel 2\* 3\* 4\* 5\* | Hostel | | Camping | | Safari Lodge | | | Friends and family | |
| Planned activities: (i.e. bungee jumping, white water rafting, scuba diving etc.) | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you take any medicines/pills? (Prescribed or over-the-counter)** Please list below | | | |
| **Do any of the following apply to you:** | **Yes** | **No** | **Details** |
| Allergies (medication, food, latex etc.) |  |  |  |
| Anaemia |  |  |  |
| Bleeding/clotting disorders |  |  |  |
| Heart disease (angina, high blood pressure) |  |  |  |
| Diabetes |  |  |  |
| Disability |  |  |  |
| Epilepsy/seizures |  |  |  |
| Stomach complaint including ulcers |  |  |  |
| Liver problems |  |  |  |
| HIV/AIDS |  |  |  |
| Weakened immune system |  |  |  |
| Mental health issues (depression/anxiety) |  |  |  |
| Neurological illness |  |  |  |
| Kidney problems |  |  |  |
| Lung disease (asthma/COPD) |  |  |  |
| Rheumatology conditions |  |  |  |
| Spleen problems |  |  |  |
| Any other conditions |  |  |  |
| Women only: |  |  |  |
| Are you pregnant |  |  |  |
| Are you breast feeding |  |  |  |
| Planning pregnancy whilst travelling |  |  |  |
| Taking contraceptive pill? |  |  | Please name: |

Signature: Date

Adapted from the NaTHNaC travel risk assessment form for St Margaret’s Medical Practice – January 2014