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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.) |

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| **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