Travel Clinic

Shelley's Pharmacy

Personal details	**Date today:**
Name Address	Date of Birth: Male [ ] Female [ ]
Mobile Phone Number	
Email	
GP Details	

Dates of Trip
Date of departure
Return date or overall length

Itinerary and purpose of visit

Country to be visited	Length of stay	Remote? Trek? Medical access? Altitude?
1.		
2.		
3.		
4.		
5.		

Personal medical history

Tick which of the following applies to you	Yes	No	Details (reconfirm at each appointment)
Are you feeling well today? Do you have a fever?			
Have you had any immunizations in the past 3 weeks?			
Do you have any recent or past medical history of note?			
Do you take any current or repeat medicines?			
Do you have any allergies to eggs, latex, nuts or antibiotics?			
Have you had a serious reaction to a vaccine before?			
Does having an injection make you feel faint?			
Do you or any of your family suffer from epilepsy?			
Recently undergone radiotherapy, chemotherapy, steroids?			
Do you have a medical history of the following: anxiety, depression, heart, lung, spleen, joint, liver, kidney, immunity, blood conditions, disorders, diabetes, HIV/AIDS			

Please write below any further information which may be relevant

Vaccination History

Have you ever had any of the following vaccinations / malaria tablets and if so when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other			Malaria Tablets		

Women only	Yes	No	Details (reconfirm at each appointment)
Are you pregnant? Or planning a pregnancy?			
Are you breast feeding?			

FOR OFFICIAL USE

Vaccine	Date	Batch No. + Expiry	Date	Batch No. + Expiry	Date	Batch No. + Expiry	Price
Dip / Tet / Polio							
Typhoid							
Combined Hep A + Typhoid							
Combined Hep A + Hep B 1st 2nd 3rd							
Hep A 1st 2nd Booster							
Hep B 1st 2nd 3rd							
Meningitis ACWY							
Rabies 1st 2nd 3rd							
Other ….....							

Malaria Oral Medicine	Date	Quantity	Details	Price
Malarone (atovaquone + proguanil)			Daily. One to two days before, one week after.	
Lariam(mefloquine)			Weekly. 2.5 weeks before, 4 weeks after.	
Doxycycline			Daily. One to two days before, four weeks after	
Paludrine (chloroquine + proguanil)				
Chloroquine				

Total Price.....

Additional travel advice					
Water and personal hygiene		Travellers' diarrhoea		Hepatitis B and HIV	
Insect bite prevention		Animal bites		Accidents	
Insurance		Air Travel		Sun and heat protection	

Patient consent

I have received information on the risks and benefits of the vaccines recommended and fully understand them. I have also had the opportunity to ask questions. I have no reason to suspect that I may be pregnant. I consent to the vaccines being given at each appointment.

Patient signature...../...../.....Date.....

Pharmacist signature..... Date.....

ADVISED TO WAIT 15 MINUTES POST-VACCINE