Seaford Medical Practice
Patient travel health questionnaire

Please return this form to reception

Personal details				
Name:	Date of birth: / / Male [ ] Female [ ]			
Contact telephone number:				
Dates of trip				
Date of departure:				
Return date / overall length of trip:				
Itinerary and purpose of visit *				
Country to be visited	Region (essential information)	Length of stay	Type of accommodation	Away from medical help at destination? If so, how remote?
1.				
2.				
3.				
4.				
What is the purpose of your visit:				
* Backpackers / cruises – please provide full itinerary of all destinations and length of stay in each area on a separate sheet as we cannot give advice if destinations are not known.				
Women only: Are you pregnant / planning to get pregnant / breast feeding?				
Allergies:				
Please bring any record cards of previous vaccinations with you to your appointment.				
Patient signature	Date:			

Risks discussed:	**Yes**	**No**	**N/A**
Bite avoidance			
Malaria			
DVT			
Travel insurance			
Sun protection			
Food and water hygiene			
Rabies			
Accidents			
Sexual health			
Altitude			
First aid kit			
Medication			

A nurse will call you to advise if an appointment is necessary. Please note queries are dealt with in order of date of departure. In peak travel times, queries may take longer.

Phoned	

Date of appointment:
/ /