

The Hopetoun Practice

Pre-Travel Questionnaire

Please complete this questionnaire fully, and return it to Reception. You will be contacted to arrange a suitable appointment with the Practice Nurse to discuss your exact travel requirements. Thank you.

Personal Details

Name: _____ Date of Birth: _____ Age: _____

Telephone No: _____ Male [] Female []

(Women only) Are you pregnant, planning pregnancy, or breastfeeding: _____

Details of Your Trip

Departure Date from UK: _____ Return Date to UK: _____

	Exact Destination(s):	How Long: (Days)	Urban/Rural	Accommodation (Hotel, Camping etc)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Please continue on a separate sheet if necessary

Type of Trip/Activities (Please Tick All that Apply)

Beach/Relaxation [] Cities/Culture [] Adventure/Expedition [] Safari []

Mountains/High Altitude [] Jungle/Rural Trekking [] Business []

I Take the Following Regular Medicines:

I have (had) the Following Medical Conditions: (Please Tick All that Apply)

Epilepsy/Seizures [] Spleen Removed [] HIV [] Psoriasis []

History of Anxiety or Depression [] Kidney Problems [] Heart Problems []

Bad Reaction to Previous Vaccinations [] (Which) _____

Bad Reaction to Previous Anti-Malarial Drug [] (Which) _____

I am allergic to: Eggs [] Antibiotics/Other Drugs [] (please list) _____

Your Vaccination History

If you spent all or part of your childhood outside of the UK, please make every effort to obtain a translated copy of your full childhood vaccination record, and submit it along with this form.

If you have had any of the following vaccines in the last 10 years, please tick and give the approximate date.

Vaccine	Date	Vaccine	Date
Diphtheria/Tetanus []		Meningitis ACWY []	
Polio []		Rabies []	
Typhoid []		Yellow Fever []	
Hepatitis A []		Tick-Borne Encephalitis []	
Hepatitis B []		Cholera []	
Japanese Encephalitis []			

Malaria Prevention: The following drugs are used to prevent malaria. Some may be unsuitable for the areas you are visiting, or you may need no malaria prevention at all. The different treatments are outlined below for consideration, but the nurse will discuss your exact requirements on the day. The first 4 drugs are **only** available on a **private** (ie non-NHS) prescription, which we will provide free-of-charge as part of the consultation. You will, however, be charged for the cost of the medication at the pharmacy.

Medication	How Often Taken	Started How Long Before Trip Begun	Stopped How Long After Trip Finished	I've taken this before (tick)
Malarone®	Daily	1 - 2 Days	7 Days	
Proguanil (Paludrine®)	Daily	7 Days	4 Weeks	
Mefloquine (Lariam®)	Weekly	18 Days (3 Doses)	4 Weeks	
Doxycycline	Daily	1-2 Days	4 Weeks	
Chloroquine (+/- Proguanil)	Weekly	7 Days	4 Week	

Office Use Only

Appt Length Required: _____ Mins Appt Booked for: _____ Time: _____