

Pre-Travel Questionnaire

Thank you for seeking our advice on staying safe and healthy while travelling. In order to provide tailored advice and recommendations your health professional needs to understand your general health, previous medical history and details of your travel plans. It would be helpful if you could complete this form prior to making an appointment.

Please complete as many questions as possible and complete one form for each family member who is travelling with you.

Personal Details:

Name: Gender: Date of birth: Age:

Country of birth: Ethnicity: Occupation:

Contact number: Contact email:

Emergency Contact : (Next of Kin) :

Address:

Have you travelled previously? Yes/No

Reason for travelling? Please circle:

Business Visiting friends and relatives Tourism Other? _____

Have you ever experienced any health problems while travelling? Please circle:

Altitude sickness Motion sickness Diarrhea Malaria Other? _____

Date of departure? _____ Current state of health? _____

What is your itinerary: include countries in order of travel. Attach and tour information as available:

Country & Area/City	Towns	Duration of stay, include dates if known

Accommodation during your trip? Please circle:

Air conditioned Camping Homestays Mixed

Medical History:

Please describe any current medical conditions or symptoms below.

Past Medical History: Please circle any conditions that apply and give details:

Heart Disease	Respiratory Disease	Kidney or Liver Problems
Diabetes	Immune Disorder	Bleeding or Clotting (DVT)

Known allergies or reactions to medicines (I.E egg, Latex, Penicillin)

Please list _____

Details:

Women only : Please circle: Are you? Pregnant Planning Pregnancy Breast-feeding

Do you take any medications regularly? Yes/ No Please list:

Vaccinations (Please bring records of any previous vaccinations): if not available please circle

Polio	Hep A	Rabies	Japanese Encephalitis	Hep B
Typhoid	Meningitis	Cholera	Other _____	

Have you taken malaria tablets in the past? Yes/No

Have you received Yellow Fever vaccination in the past? Yes/No If Yes please bring certificate.

Do you have travel insurance? Yes/No

Have you declared pre-existing medical conditions? Yes/No

What do you think will be the main risk to your health while travelling?

Thank you for completing this questionnaire prior to your travel consultation. You can either deliver to the surgery, or Fax: **03 332 1352** or scan & email to **Reception@cashmere.pegasus.net.nz**.
Try to book your appointment at least 4 weeks prior to departure.

Many Thanks - Cashmere Health

Nurse to complete as relevant (Tick when completed)

Food and water advice	Altitude	Insect precautions
Travel meds	Sexual Health	DVT/Jet lag
Treatment of travellers diarrhoea	Personal safety	Other
Travel insurance	Rabies	
Pregnancy	Health on return	