**Pre-Travel Questionnaire**

Please provide us with as much information as you can; this will help us provide optimal travel health advice for your trip. If you are an enrolled patient at Musselburgh, we may have some information on your file.

**Personal Details**

Full name:

Date of Birth: Age: Gender:

Contact telephone number: E-mail address:

Country of birth:

**Medical History**

Do you have a history of any of the following? If yes, please provide brief information:

Cardiovascular (heart) disease Yes \_\_ No \_\_

Deep vein thrombosis (DVT) / Pulmonary embolus (PE) Yes \_\_ No \_\_

Epilepsy / Seizures Yes \_\_ No \_\_

Mental illness Yes \_\_ No \_\_

Diabetes Yes \_\_ No \_\_

Decreased immunity Yes \_\_ No \_\_

Previous altitude-related illness Yes \_\_ No \_\_

Do you have any other significant illnesses which might affect your travel? If yes, please outline:

Please provide a list of all medications (including inhalers and over-the-counter products):

Do you have any allergies?

Medications □ Latex □ Egg □ Seasonal / environmental □ Other □

If yes to any of the above, please outline:

For women:

Are you pregnant, breastfeeding or planning pregnancy within the next 6 months?

**Immunisation history** *Please bring any vaccination records to your appointment.*

Have you had the immunisations on the National Schedule (normal childhood vaccines)?

Have you had any previous travel vaccines?

Vaccine Date

Have you ever had a reaction to a vaccine? If yes, please state:

**Trip details**

***For longer or more complex trips, please provide a copy of your itinerary if available***

Date of departure: Date of return:

Destinations: Please include all countries to be visited (including ‘stopovers’ or transit)

|  |  |  |  |
| --- | --- | --- | --- |
| Country | Region / City | Urban or Rural | Duration |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

With whom are you travelling? (please circle)

Alone Partner Family or friends Tour Group Other

Reason(s) for travel:

|  |  |  |
| --- | --- | --- |
| Tourism | Visiting friends or relatives | Business / Work |
| Medical tourism | Religious purposes | Voluntary Work |
| Medical work | Other |  |

Modes of transport (please select any that are relevant):

|  |  |  |
| --- | --- | --- |
| Pre-booked flights | Bus | Train |
| Boat | Local forms of transport | Car hire |
| Scooter /moped | Cycling | Other |

Types of accommodation:

|  |  |
| --- | --- |
| Hotels / motels | Youth hostels / backpacking  |
| Camping | Staying with family or friends |

Activities:

|  |  |  |
| --- | --- | --- |
| Scuba diving | Safari | Altitude (>2500m) |
| Trekking | Jungle | Sports |

Please briefly outline your previous travel experience:

Are you planning to obtain health insurance for your trip?

Are there any specific questions regarding travel health with which we can help you?