

Dr Mitchell & Partners
Travel Risk Assessment Form

Please complete this form prior to your travel and return to Reception

Personal details						
Name:			Date of birth:			
			Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Main contact telephone number:						
Email:						
Dates of trip						
Date of Departure:						
Return date or overall length of trip:						
Itinerary and purpose of visit						
Countries to be visited		Length of Stay		Away from medical help at destination, if so, how remote?		
1.						
2.						
3.						
4.						
Please tick as appropriate below to best describe your trip						
1. Type of trip	Business:	<input type="checkbox"/>	Pleasure	<input type="checkbox"/>	Other	<input type="checkbox"/>
2. Holiday type:	Package	<input type="checkbox"/>	Self organised	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>
	Camping	<input type="checkbox"/>	Cruise Ship	<input type="checkbox"/>	Trekking	<input type="checkbox"/>
3. Accommodation	Hotel	<input type="checkbox"/>	Relatives/family home	<input type="checkbox"/>	Other	<input type="checkbox"/>
4. Travelling	Alone	<input type="checkbox"/>	With family/friend	<input type="checkbox"/>	In a Group	<input type="checkbox"/>
5. Staying in area which is	Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Altitude	<input type="checkbox"/>
6. Planned activities	Safari	<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Other	<input type="checkbox"/>
Personal Medical History						
Do you have any recent or past medical history of note? (inc diabetes, heart or lung conditions)						
List any current or repeat medications.						
Do you have any allergies e.g. eggs, antibiotics, nuts?						
Have you ever had a serious reaction to a vaccine given to you before?						
Does having an injection make you feel faint?						
Do you or any close family members have epilepsy?						
Do you have any history of mental illness inc depression or anxiety						
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?						
Women only: Are you pregnant or planning pregnancy or breast-feeding?						
Have you taken out travel insurance and, if you have a medical condition, informed the insurance co about this?						

Please write below any further information that 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					

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed Date

For Official Use					
Patient Name:					
Travel risk assessment performed Yes <input type="checkbox"/> No <input type="checkbox"/>					
Travel vaccines recommended for this trip					
Disease protection	Yes	No	Patient declined vaccine	Further information	
Hepatitis A					
Hepatitis B					
Typhoid					
Cholera					
Tetanus					
Diphtheria					
Polio					
Meningitis ACWY					
Yellow Fever					
Rabies					
Japanese B Encephalitis					
Other					
Travel advice and leaflets given					
Food, water and personal hygiene advice		Travellers' diarrhoea		Blood and bodily fluid infection risks e.g. Hepatitis B	
Insect bite prevention		Animal bites		Accidents	
Insurance		Air travel		Sun and heat protection	
Websites		SMS vaccines reminder service set up			
Travel record card supplied		Other			
Malaria prevention advice and malaria chemoprophylaxis					
Chloroquine and proguanil		Atovaquone + proguanil			
Chloroquine		Mefloquine			
Doxycycline		Malaria advice leaflet given			
Further information					
e.g. weight of child					
Authorisation for Patient Specific Direction (PSD) Use					
Assessor's Name:.....		Signature:.....		Date:.....	
Prescriber's Name:.....		Signature:		Date:.....	