

# The New Surgery

## TRAVEL RISK ASSESSMENT FORM

Please complete this form and drop it into the practice where the Treatment room Receptionist will check the form and pass to the travel nurse, we then ask you to contact the treatment room on 01277 218393 option 4 one week later to book your appointment.

Date of completion:			
Full name:		Date of Birth:	
		Male <input type="checkbox"/>	
		Female <input type="checkbox"/>	
Home Address:		Telephone number:	
		Mobile number: SMS consent Y/N	
Email address:			
<b>PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP BY COMPLETING THE SECTIONS BELOW</b>			
Date of Departure:		Total length of trip:	
Country to be visited	Exact location or region	City or rural	Length of stay
1.			
2.			
3.			
Have you taken out travel insurance for this trip?			
Do you plan to travel abroad again in the future?			
<b>TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY</b>			
Holiday <input type="checkbox"/>	Staying in hotel <input type="checkbox"/>	Backpacking <input type="checkbox"/>	Additional information:
Business trip <input type="checkbox"/>	Cruise ship trip <input type="checkbox"/>	Camping /hostels <input type="checkbox"/>	
Expatriate <input type="checkbox"/>	Safari <input type="checkbox"/>	Adventure <input type="checkbox"/>	
Volunteer work <input type="checkbox"/>	Pilgrimage <input type="checkbox"/>	Diving <input type="checkbox"/>	
Healthcare worker <input type="checkbox"/>	Medical tourism <input type="checkbox"/>	Visiting friends/family <input type="checkbox"/>	

Are you currently taking any medications? (Including prescribed, purchased or contraceptives)
Please give full details:

PTO

<b>Please give details of your medical history, please tick all that apply:</b>					
	<b>YES</b>	<b>NO</b>	<b>DETAILS</b>		
Are you fit and well today?					
Do you have any allergies including food, latex, medication?					
Have you had any reaction to injections before?					
Do you have a tendency to faint with injections?					
Have you had any surgical operations in the past including spleen removal or thymus gland removed?					
Have you recently had chemotherapy/ radiotherapy/organ transplant?					
Anaemia					
Bleeding/clotting disorders (including history of DVT)					
Heart disease (e.g angina, High blood pressure)					
Diabetes					
Disability					
Epilepsy/seizures					
Gastrointestinal (stomach) complaints					
Liver and or kidney problems					
HIV/AIDS					
Immune system Condition					
Mental health issues (including Anxiety, Depression)					
Neurological (nervous system) illness					
Respiratory (Lung) disease					
Rheumatology (joint) conditions					
Spleen problems					
Any other conditions?					
<b>WOMEN ONLY:</b>					
Are you pregnant?					
Are you breastfeeding?					
Are you planning pregnancy while you are away?					
<b>Please supply information on any vaccines or Malaria tablets taken in the past:</b>					
Tetanus/Polio/Diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese Encephalitis		Tick Borne Encephalitis	
Yellow Fever		BCG		Other	
Malaria Tablets					
Any other information:					