

# 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): (Country & Area)	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: \_\_\_\_\_