

Beechwood Medical Practice Travel Risk Assessment Form

To Patient: To help us provide appropriate advice one form needs to be fully completed **ON BOTH SIDES for each person travelling**. Once completed **bring to surgery to book an appointment**. We are unable to book appointments without completed forms.

To Reception: Once form is completed an appointment can be booked in Treatment Room. Please book appointment at least 1 week after receiving form, so nurse can review form. (Single travellers= 20min (double) appt. Families booking in same time slots =20min for 1st traveller & 10mins for each additional family member up to a maximum of 6 people-1hr10m). If unable to offer a suitable appointment at least 1 week prior to travel please advise patient to contact private clinic in order to get vaccines completed in time.

Appt date: <i>Reception, please complete when booking appointment & send form to Treatment room</i>	Nurse: <i>Reception, please complete when booking appointment & send form to Treatment room</i>
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Name:		Date of Birth	
Age:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
E mail:		Tel no:	
		Mobile no:	
Date of departure:		Total length of trip:	
COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
Have you taken out travel insurance for this trip? YES / NO			
Do you plan to travel abroad in the future? YES / NO			
TYPE OF TRAVEL & PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking	
<input type="checkbox"/> Business Trip	<input type="checkbox"/> Cruise Ship trip	<input type="checkbox"/> Camping/hostels	
<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure / Diving / Climbing	
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Visiting family & friends	
<input type="checkbox"/> Medical Tourism	<u>ADDITIONAL INFORMATION:</u>		
PERSONAL MEDICAL HISTORY	YES	NO	DETAILS
Are you allergic to anything			
Have you had a severe reaction to vaccine in past			
Do you have any problems with your immunity			
Do you have epilepsy/seizures			
Are you pregnant/planning pregnancy/breast feeding			

PLEASE COMPLETE BOTH SIDES

Are you having treatment for a medical condition at Beechwood Medical Practice- **YES / NO**

Are you having treatment for a medical condition elsewhere?(eg hospital / private) **YES /NO**
If yes please give details:

Have you had vaccines given at Beechwood Medical Practice or previous GP- **YES / NO**

Have you had vaccines given elsewhere? (eg work/school/private clinic) **YES / NO**
If Yes please give details:

Any additional information you want to tell us?

You can also get free, personalised, & helpful travel & health information by registering with:
www.masta-travel-health.com Please bring to your appointment if you register with this service.

NURSE TO COMPLETE THE SECTION BELOW

Vaccines to be given:

Other vaccines recommended;

Malaria?