

## PRE TRAVEL RISK ASSESSMENT FORM

MUCH BIRCH SURGERY – DRS DAVIES, JOHNSON, ENGLAND AND SEFTEL

Please complete this form prior to your appointment and return it to the surgery. The information you provide will help your nurse/doctor to assess your travel health needs before your trip.

Name:	
Date of Birth:	Male/Female
Address:	
Tel contact No:	
Date of travel:	Date of return:

Destination: Give details of the countries you will be visiting, in the correct order, including any country you may be just passing through.

Country to be visited Area/region	Length of stay	Type of accommodation	Travelling to remote areas or away from medical help?
1			
2			
3			
4			
5			
6			
7			
8			

Type of travel: Circle which activity best describes the purpose of your trip

Reason for travel	Business    Pleasure    Other
Are you travelling with	Alone    Group    Family
Type of holiday/travel	Package tour    backpacking    cruising
Planned activities	Leisure    Adventure    volunteer work

Personal Medical History:

Give details of any conditions which may affect your travel plans

Do you have any current or past medical conditions such as recent surgery/deep vein thrombosis (DVT)/diabetes/heart/lung conditions/pregnancy/cancer

List any medications that you are taking

Have you ever had a reaction to a previous vaccine?

Have you any allergies?

**REMEMBER**

Allow 6-8 weeks for a pre-travel consultation with the practice nurse

Take out adequate insurance for your trip.

A European health insurance card (EHIC) entitles you to free/reduced medical care in most EU countries – they are free of charge if you apply online at [www.dh.gov](http://www.dh.gov)

Find out more about the country/countries you are visiting with up to date information on [www.fco.gov.uk](http://www.fco.gov.uk) (foreign and commonwealth office)

NAME ..... DATE .....

SIGNATURE .....