



PHOENIX SURGERY, 9 Chesterton Lane, Cirencester, Glos GL7 1XG, Tel: 01285 652056



NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

In order for you to get the best from our travel service we request that you complete a questionnaire at least 8 weeks\* before your departure date and a separate questionnaire must be completed for each person travelling (including children). \*If you are travelling at short notice you should speak to the Reception Staff who will advise if we can see you before you travel.

Your form will be reviewed by a Nurse and you will be contacted by the reception team to arrange an appointment. You may need more than one appointment.

We are a registered **Yellow Fever** Centre so this vaccination can be given here (cost £52). (Only available to registered patients).

Our private vaccine charges are:-

**Hepatitis B** (£80 for 3, £35 single dose), **Rabies** (£140 for 3, £51 booster), **Meningitis** (£41), **Japanese Encephalitis - Adult** (£150 for 2), **Japanese Encephalitis - Child** (£160 for 3), **Tick Borne Encephalitis** (£150 for 3, £59 for booster). Prices subject to change.

The following vaccines are free on the NHS; Hepatitis A, Typhoid, Tetanus, Diphtheria and Polio

Payment is required on the day you have your first appointment and is by cash, cheque (with guarantee card) or debit card.

Before attending for any travel appointment you are advised to seek information from both your travel operator and the online travel advice services: [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk) or [www.nathnac.org/travel](http://www.nathnac.org/travel)



DATE OF DEPARTURE:.....

PATIENT NAME:.....

Itinerary and purpose of visit		
Country to be visited (specify area and cities) (please attach another sheet if necessary)	Length of stay	Holiday type: please state if business or leisure or visiting friends/relatives
1.		
2.		
3.		
4.		
5.		
6.		

Please tick as appropriate below to best describe your trip					
1. Holiday type	Package		Self organised		Backpacking
2. Accommodation	Camping		Cruise ship		Trekking
	Hotel		Relatives/family home		Other
3. Travelling	Alone		With family/friend		In a group
4. Staying in area which is	Urban		Rural		Altitude
5. Planned activities	Safari		Adventure		Other

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		Japanese B Encephalitis		Tick Borne Encephalitis	
Other					
Malaria Tablets: Chloroquine/Proguanil/Mefloquine/Doxycycline/Atovaquone+Proguanil (Malarone)					

<p><b>Personal medical history:</b> Have you now or ever had any of the following? Or is there any history in your family of:</p> <p>Heart problems High blood pressure Diabetes Lung problems Asthma Spinal problems Epilepsy</p> <p>Do you have any history of mental illness including depression or anxiety? YES/NO</p> <p>Have you recently undergone radiotherapy, chemotherapy or steroid treatment? YES/NO</p> <p>Have you had your spleen removed? YES/NO</p>
List any current or repeat medications:
Do you have any allergies to medication or food (e.g. eggs, antibiotics, nuts)?
Have you ever had a serious reaction to a vaccine given to you before?
<p><b>Women only:</b> Are you pregnant or planning pregnancy or breastfeeding?</p> <p><b>Children only:</b> Weight in kg's</p>

Phoenix Surgery – Pre-Travel Questionnaire



PATIENT NAME:.....

The above named patient should be offered the following immunisations in accordance with practice vaccine protocols.

1
2
3
4
5
6
7
8

Signed:..... Date: .....

Nurse Prescriber

Length of first appointment: .....

If booking as family group, length of first appointment: .....

First appointment before or by: .....

Needs call from nurse: **YES/NO**