

Galston Medical Centre Pty Ltd

31 Arcadia Rd, Galston NSW 2159

Phone 9653 2133 Fax 96531385

Pre-Travel Consultation Form

Patient Name:

DOB:

GP:

Date of consultation: 16/10/2018

The nature of my trip is: holiday/business/other _____

My date of departure is: _____

My date of return is: _____

I will visit the following countries:

Country (in order of visit)	Duration (weeks)	Accommodation (hotel / tent / backpack)	Cities only

(Females only) Could you be pregnant while away? _____

Will you be traveling with children? _____

Are you allergic to eggs,
any medication or other substance? _____

Please list past significant medical / health problems you have had both here and overseas.

Especially note past history of jaundice, hepatitis, deep vein thrombosis (DVT) or blood clots, ear or hearing problems or have a disease which lowers immunity (eg cancer, HIV/AIDS, thymus disorder):

Please complete the following table before seeing the doctor.

PLEASE INDICATE WHICH YEAR THE FOLLOWING VACCINES WERE GIVEN. Also indicate if you have ever had any of the actual diseases measles, mumps, rubella, chicken pox. You can check with your GP or previous medical records to find this information.

Vaccine given	Year	Vaccine given	Year	Vaccine given	Year
Tetanus / Diphtheria / Whooping Cough (pertussis)		Typhoid		Mantoux / BCG	
Polio		Cholera		Meningococcal	
'Flu vaccine		Hepatitis B		Japanese Encephalitis	
Pneumovax		Hepatitis A vaccine		Q fever	
Measles / Mumps / Rubella		Hepatitis A immunoglobulin		Rabies	
Varicella (chicken pox)				Yellow fever	

Checklist:

1. Vaccines-

2. Health summary and or Medication List

3. Discuss travel insurance

4. Health advice given including food, water personal hygiene, Insect bite prevention, BBV prevention, sexual health, traveller's diarrhoea, animal bites, altitude, accidents- scooters and motorbikes, sun/heat protection, dental

5. Websites

www.travellers-help.com

www.smarttraveller.gov.au

6. Recalls added to patient record