

**BRAEHEAD MEDICAL PRACTICE**

**TRAVEL RISK ASSESSMENT FORM**

To be completed by traveller ideally prior to appointment

Name:	Date of Birth:
Address:	Male <input type="checkbox"/> Female <input type="checkbox"/>
E mail:	Telephone Number:
	Mobile Number:

**PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW**

Date of Departure:		Total length of Trip	
COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			

Have you taken out travel insurance for this trip?

Do you plan to travel abroad again in the future?

**TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY**

Holiday	Staying in hotel	Backpacking	Additional Information
Business trip	Cruise ship trip	Camping/hostels	
Expatriate	Safari	Adventure	
Volunteer work	Pilgrimage	Diving	
Healthcare worker	Medical tourism	Visiting friends/family	

**PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY**

	YES	NO	DETAILS
Are you fit and well today			
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, including e.g spleen			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding/clotting disorders (including history of DVT)			
Heart disease (e.g. angina, high blood pressure)			
Diabetes			
Disability			
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			
Liver and kidney problems			
HIV/AIDS			
Immune system condition			
Mental health issues (including anxiety, depression)			

	YES	NO	DETAILS
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			

**Woman only**

Are you pregnant?

Are you breast feeding?

Are you planning pregnancy while away?

**Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?**

**PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST**

Tetanus/polio/diphtheria	MMR	Influenza
Typhoid	Hepatitis A	Pneumococcal
Cholera	Hepatitis B	Meningitis
Rabies	Japanese Encephalitis	Tick Borne Encephalitis
Yellow Fever	BCG	Other

Malaria Tablets

**ANY ADDITIONAL INFORMATION**

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