

Raglan Medical Pre-Travel Questionnaire and Information Sheet

We will NOT be able to complete your request if date of departure is less than 6 weeks from the day we receive your completed questionnaire. If this is the case, please seek advice from a specialist travel clinic

Date (dd/mm/yy): ____/____/____ Date of Departure(dd/mm/yy): ____/____/____

Please note, based on the information provided, we may not be able to provide you with the vaccines you need for travel and as a result you will be advised to attend a specialist Travel Clinic.

Please fill in the entire form, your answers will help assess if we are able to provide a travel consult and help define the topics we will discuss, forms not completed will not be processed and may result in unnecessary delays:

Personal Details:

Name: _____
Date of Birth: ____/____/____
Occupation: _____
Email: _____
Ethnicity: _____
Country of Origin: _____

Intended travel:

Departure date: ____/____/____
Return date: ____/____/____
Duration of travel: _____
Countries to be visited (include regions and cities visited and time in each):

Please note if any of the countries you intend to visit or airlines you are using require evidence of COVID Vaccination status or a COVID Vaccine Exemption: _____

Your Health:

Please list any medical conditions you have, including any that may occur/recur while you are travelling:

Please list any medications you are taking (including over the counter, health supplements, contraceptive pill):

Your Health (continued):

Please circle Yes or No for the following options

Do you have any allergies? Yes/No

Have you been unwell or in hospital in the last 6 weeks? Yes/No

Do you have, or **have you previously had** any of the following medical problems:

High blood pressure Yes/No

Arthritis Yes/No

Digestive problems Yes/No

Stomach problems Yes/No

Eye problems Yes/No

Ear problems Yes/No

Heart problems Yes/No

Epilepsy Yes/No

Diabetes Yes/No

Joint problems Yes/No

Psoriasis Yes/No

Epilepsy or convulsions Yes/No

Cancer Yes/No

Splenectomy Yes/No

Mental illness (i.e., anxiety, depression, schizophrenia) Yes/No

Chest problems (including asthma and tendency to chest infections) Yes/No

Do you have a weakness of the immune system, or HIV? Yes/No

Have you ever had Hepatitis or yellow jaundice? Yes/No

Did you miss any of your usual childhood vaccinations? Yes/No

Are you in contact with anyone with a weakened immune system?

(e.g., people with AIDS, cancer sufferers or people taking steroids?) Yes/No

If you have answered **Yes** to any of the above, can you please provide any relevant information:

Have you ever travelled to developing countries? Yes/No

If so, did you have any health problems while travelling, and in which countries? Yes/No

If yes, please provide more information: _____

Women with a cervix only:

Are you pregnant? Yes/No

Are planning to become pregnant within 3 months of your return from travel? Yes/No

Are you breast-feeding? Yes/No

Are you prone to vaginal thrush? Yes/No

Do you use contraception? Yes/No if Yes, which type? _____

Purpose of travel:

Type of travel, including types of accommodation: _____

Adventure activities (e.g., climbing, trekking, scuba diving etc.): _____

Any other comments you wish to make: _____

Thank you for taking the time to complete this questionnaire, it will be reviewed by one of our GPs and we will contact you within 5 working days as to our decision and the next steps.

Please read the below terms and conditions and sign.

Terms and Conditions

- Completion of this form does not guarantee a travel consult will be provided by Raglan Medical.
- We may be unable to progress if we unable to get the vaccines you require or if our GPs decide it is not appropriate for them to complete the travel consult.
- If we are unable to progress your request, you will be advised to seek advice from a specialist Travel Medicine clinic
- Travels consults are charged at \$170 for a 30-minute consult
 - Based on the information you have provided there may additional time needed with the doctor; this additional time will be charged at \$85/15 minutes
- This charge does not include the cost of any vaccines you require, you will be advised of the total cost of before any bookings are made
 - Any travel vaccines you need are required to be paid for in advance
 - This cost is nonrefundable
- If you've had previous travel vaccinations from other practices/travel clinics, please bring your record of these to the consult

Please sign below to confirm that you have read and understood the Term and Conditions.

Signature: _____ Date: ____/____/____