**PharmaSave #038 Richlea Square Travel Consultation Form (Adults)**

**HEALTH BACKGROUND**

|  |  |
| --- | --- |
| Name:  | Weight (for children only):  |
| Care card #:  | Birthdate (dd/mm/yy): |
| Age:  | Gender (please circle one): M/F |
| Home phone: | Cell phone: |
| Occupation:  | Email:  |
| Family doctor:  | Family doctor phone number:  |

1. **Past medical history**

Medical conditions:

Medications (prescription and over-the-counter):

Allergies:

|  |  |
| --- | --- |
|  Eggs  |  Thimerosal (a preservative) |
|  Egg products |  Latex  |
|  Medications Please specify:  |
| If yes, please describe the reaction: |

1. **Special conditions**

|  |  |
| --- | --- |
|  Pregnancy  |  Disability  |
|  Breastfeeding  |  Immunocompromised (weakened immune system) |
|  Seizure disorder  |  Traveling with young children  Please specify age of each child: |
|  Psychiatric condition (e.g., anxiety, depression)  Please specify:   |  Recent surgery  Please specify:  |
|  Recent cardiopulmonary event (e.g., heart attack)  Please specify:  |  Recent cerebrovascular event (e.g., stroke)  Please specify: |

1. **Immunization history**

Routine immunization up to date? (please circle one) Y/N

**(Please bring a copy of immunization record to your travel health consultation)**

Have you had these vaccines in the past?

|  |  |  |  |
| --- | --- | --- | --- |
| Tetanus vaccine |  Yes |  No |  Not sure |
| Flu vaccine |  Yes |  No |  Not sure |
| Pneumonia vaccine  |  Yes |  No |  Not sure |
| Chicken pox vaccine  |  Yes |  No |  Not sure |
| Measles/mump/rubella vaccine (MMR) |  Yes |  No |  Not sure |
| Meningitis vaccine |  Yes |  No |  Not sure |
| Shingles vaccine |  Yes |  No |  Not sure |
| Hepatitis A vaccine |  Yes |  No |  Not sure |
| Hepatitis B vaccine |  Yes |  No |  Not sure |
| Typhoid vaccine |  Yes |  No |  Not sure |
| Travellers’ diarrhea (Dukoral) vaccine  |  Yes |  No |  Not sure |
| Japanese encephalitis vaccine |  Yes |  No |  Not sure |
| Tickborne encephalitis vaccine  |  Yes |  No |  Not sure |
| Yellow fever vaccine  |  Yes |  No |  Not sure |
| Rabies vaccine  |  Yes |  No |  Not sure |

1. **Prior travel experience**

|  |  |
| --- | --- |
|  Experience with malaria prevention |  Experience with altitude |
|  Illnesses related to prior travel  Please specify: |

**TRIP DETAILS**

1. **Itinerary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Country**  | **City/Town** | **Urban/Rural** | **Accommodations**  | **Length of Visit**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Timing**

Departure date:

Time to departure:

Trip duration:

1. **Reason for travel**

|  |  |
| --- | --- |
|  Tourism  |  Business  |
|  Visiting friends and relatives |  Volunteer, missionary, or aid work |
|  Research or education |  Pilgrimage  |
|  Adoption  |  Seeking health care (medical tourism)  |
|  Other  Please specify:  |

1. **Travel style**

|  |  |  |
| --- | --- | --- |
|  Package tour |  Cruise ship |  Self-organized independent travel |
|  Camping  |  Backpacking  |  Trekking  |

1. **Travel experience**

|  |  |  |
| --- | --- | --- |
|  New traveller |  Local trips only |  Overseas  |

1. **Who’s traveling with you?**

|  |  |  |
| --- | --- | --- |
|  Family/Friends  |  Group  |  Solo |

1. **Modes of transportation**

|  |  |  |  |
| --- | --- | --- | --- |
|  Tour bus |  Bus |  Car  |  Cruise  |
|  Bike  |  Train  |  Plane  |  Other  Please specify:  |

1. **Accommodations**

|  |  |
| --- | --- |
|  Hotel  |  Friend’s/relative’s house |
|  Hostel  |  Tent/Camp |
|  Local home/host family |  Other Please specify:  |

1. **Special activities**

|  |  |
| --- | --- |
|  Disaster relief |  Medical care (providing/receiving) |
|  Cycling |  Extreme sports |
|  High altitude/climbing |  Rafting |
|  Diving  |  Cruise ship |
|  Other Please specify:  |

Please email the completed form to pharmasave038@shaw.ca or drop it off at our pharmacy.

PATIENT SIGNAUTRE: DATE: