**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](mailto:pharmasave038@shaw.ca) or drop it off at our pharmacy.

PATIENT SIGNAUTRE: DATE: