



469 Main Road, Stoke Nelson 7011

TRAVELLER CONSULTATIONS FORM

Family Name:		First name(s):	
Date of Birth:		Age:	
E-mail:		Gender:	
Address:		Next Of Kin:	
Home Phone:		Mobile:	NZ citizen:
Country of birth:		Ethnicity:	
Occupation:		Medical centre:	

YOUR HEALTH

Do you **HAVE or EVER HAD** medical problems including (**circle/underline**):
Heart disease, high blood pressure, blood clots, asthma, chest problems, diabetes, stomach ulcer/heartburn,
Cancer, mastectomy, psoriasis, epilepsy / seizures / convulsions, depression, anxiety, mental illness, schizophrenia
Removal of spleen (splenectomy) or thymus (thymectomy), weakened immune system, HIV/AIDS

Do you have a **FAMILY HISTORY** of (**circle/underline**): blood clots, schizophrenia, depression, panic/anxiety?

Please list **MEDICATION** you **regularly or occasionally** take (prescription or over the counter) & why

Please list any **ALLERGIES** including (circle/underline): sulphur drugs, penicillin, tetracyclines, neomycin, I
mercury/thiomersol, gelatine, eggs, iodine, latex, band aids, insect bites, others:

Have you had any **OPERATION** or been in **HOSPITAL** in the past 6 weeks?

Have you had **IMMUNE GLOBULIN, a BLOOD TRANSFUSION, or CHEMOTHERAPY/ RADIOTHERAPY** in the
past year?

Have you had a **LIVE VACCINE** in the last 4 weeks (e.g., MMR, Chickenpox, Oral Typhoid)

Have you **FAINTED or FELT FAINT** after an injection?

WOMEN: Are you **pregnant**, planning to get pregnant while travelling or within 3 months of return?

Did you have all your routine **childhood vaccinations**?

YOUR TRIP

Please list in order, the countries, cities, and areas you are visiting and for how long:

Departure date: Return date: Duration of Travel

Do you have any **CONCERNS** about this trip?

PURPOSE of trip (circle): holiday, visiting family/friends, business, organised tour, independent travel, other

ACCOMMODATION (circle): camping, hostel/backpacker, budget hotel, resort/high end hotel, private home

ACTIVITIES planned (circle): tramping/trekking, altitude, scuba diving, rafting, biking, other

Please bring along any records you have of past immunisations – both childhood and travel (*Plunket records, GP notes, Previous travel booklets.*)

Vaccination Planner – Clinical Use Only

INFORMED CONSENT: I acknowledge that the information given above is truthful. I accept all information given will be kept confidential and will not be released without my authority. I consent to my healthcare provider being informed of vaccinations received in order to update applicable records. I realise that I may be given vaccination and understand what they are for, and side effects that may be expected from them. I consent to having these vaccinations and to the reporting of any adverse vent which may occur to the centre for adverse reactions monitoring (CARM). I understand that the above information may be used for research use. In the event of non-payment of monies owing by me, WORDLWISE reserves the right to pass on to me all charges related to debt collection.

Please circle then sign. SELF / PARENT / CAREGIVER (GUARDIAN) SIGNATURE: .

Disease type	Past Vaccines	Advised	V1 date:	V2 date	V3 date	V4 date
Chicken Pox						
Cholera						
Hepatitis B						
Hepatitis A						
Typhoid Fever						
HPV						
Influenza						
Japanese Encephalitis						
Mantoux						
Meningitis B						
Meningitis ACYW						
MMR						
Polio						
Pneumococcal						
Rabies						
Shingles						
Tetanus/Dip/Pertussis						
Tet/Diph/Pertussis/Polio						
Yellow fever						
Other						

CONSULTATION – Checklist: *Patient specifically advised on the following*

Malaria risk, Prevention and medication	☐	Insect avoidance	☐
Food and water safety	☐	Air travel and DVT prevention	☐
Safety and security issues for travellers	☐	Medical kit provisions	☐
Altitude and polar issues	☐	Water activities and environmental issues	☐
Women's health issues	☐	Children's health issues	☐

CLINICAL NOTES

Anti-Malarial		OTC Gastro	
Compression socks		Dispensed Gastro	