



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: Yes/No
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? Yes / No

Did you have all your routine **childhood vaccinations**? Yes / No

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
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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	