

Patient's personal detailsTitle: Mr: Miss: Ms: Mrs: Dr:

Patient Address:

Name:

Surname:

GP Name and Address:

Email:

Mobile:

Would you like your GP to be notified of this consultation? Gender: M: F: D.O.B: __ / __ / __

If this is a baby or child under 12yrs please state the weight _____

Dates, Itinerary and purpose of trip

Date of departure

Return date or overall length:

Country to be visited

Length of stay

Remote? Trek? Medical access? Altitude?

1.

2.

3.

4.

**** NB Children less than 16 yrs old - please be able to produce sufficient ID to allow valid consent for vaccination - enquire for further details****Personal Medical History***please read carefully and ask if you require assistance in completing this form**Tick which of the following applies to you*

Yes

No

Details (reconfirmed @ each appointment)

Are you feeling well today? Have you had any immunizations in the past 4 weeks? Do you have any recent or past medical history of note? Do you take any current or repeat medicines or are you taking halofantrine? Do you have any allergies to any medicines, latex or eggs? Have you had a serious reaction to a vaccine, antimalarial or doxycycline before? Do you know if you are hypersensitive to mefloquine or related compounds (e.g. quinine, quinidine) or excipients? Do you or any of your family suffer from any form of depression or epilepsy? Do you have a past history of black water fever or any issue with your thymus gland? Do you have severe impairment of liver function? Do you suffer from any blood disorders such as thalassaemia or sickle cell anaemia? Have you recently undergone radio therapy, chemotherapy, steroids treatment? Do you have any history of the following: anxiety, depression, heart, lung, spleen, liver, kidney, immunity, blood conditions, disorders, diabetes, immunity, HIV-AIDs? **Vaccination History**

Have you had a vaccine, antimalarial or doxycycline before? (Please add dates)

Tetanus

Polio

Diphtheria

Typhoid

Hepatitis A

Hepatitis B

Meningitis

Yellow Fever

Influenza

Rabies

Jap B Enceph

Tick Borne

Other

Malaria Tablets

Women only*Tick which of the following applies to you*

Yes

No

Details (to be reconfirmed at each appointment)

Are you pregnant or planning a pregnancy? Are you breastfeeding? **Please write below any further information which may be relevant e.g. medicines, conditions...**

FOR OFFICIAL USE

Consultation Record For each consultation add: date, batch No, expiry date, administration site and patient consent signature				
Vaccine	Consultation 1	Consultation 2	Consultation 3	Price
Dip / Tet / Polio				
Typhoid				
Combined Hep A + Typhoid				
Combined Hep A + Hep B				
Hep A				
Hep B				
Meningitis				
Rabies				
Cholera				
Other				

Malaria Oral Medicine	Date	Quantity	Details	Price
Atovaquone + Proguanil				
Lariam (mefloquine)				
Doxycycline				
Paludrine (chloroquine + proguanil)				
Chloroquine				

Total Price.....

Additional travel advice

<input type="checkbox"/>	Water and personal hygiene	<input type="checkbox"/>	Travellers' diarrhoea	<input type="checkbox"/>	Hepatitis B and HIV
<input type="checkbox"/>	Insect bite prevention	<input type="checkbox"/>	Animal bites	<input type="checkbox"/>	Accidents
<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Air travel	<input type="checkbox"/>	Sun and heat protection

PATIENT CONSENT : I have received information on the risks and benefits of the medicines recommended and fully understand them. I have also had the opportunity to ask questions. I consent to the recommended medicines being given at each appointment.

Patient/Guardian signature / / Date

Pharmacist's signature / / Date

Do you consent for our pharmacy and/or our authorising medical agency to contact you regarding customer satisfaction? for **Yes No**
 any further information please visit our website www.barnettravelclinic.com

Please Note: Barnet Travel Clinic is a private clinic - all travel vaccines are charged. Prices may vary. Please refer to website for up to date pricing