pricelogobw2

**Dr. Linda Nabha**

**Pre-Travel Consultation Form**

# PATIENT INFORMATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Last, first, middle initial) Date of Birth

**SPECIFIC TRAVEL INFORMATION**

# Country Destination(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Dates of travel:

**Layovers**:

|  |  |  |
| --- | --- | --- |
| **Destinations (in order) (City/Town, Country)** | **Dates** | **Rural or Urban?** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |

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## Purpose of Travel

|  |  |  |
| --- | --- | --- |
|  Family Trip |  Business |  Visiting Family or Friends |
|  School Trip |  Aid Work/Mission |  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Types of Accommodation

 Hotels  Hostels  Home of Family/Friends

 Camping (tents)  Vacation home  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Activities

Please list activities you have planned (or think you may do) during your trip. (For example: scuba diving, high altitude hiking, etc.) Will you have contact with animals (safari, zoo, trekking, or animal research?)

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**PERSONAL INFORMATION**

**Health Conditions**

Please list any health conditions or issues.

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Please list all current medications.

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## Allergies

Please list all allergies. (Especially allergies to eggs)

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## Previous Vaccination History/Travel History

Please list vaccinations or immunizations, and dates received **if not done at PRICE MEDICAL** (such as Yellow fever or Typhoid). Your yellow immunization card should have this information. Please also indicate if there has been any reaction to a vaccine.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Prior Countries Traveled**

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**Have you taken malaria prophylaxis before?**

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**Doctor’s recommendations:**

**Final Note**

Please fill this out and mail it or fax it to us before scheduling your appointment. When you come in for your appointment your physician will have reviewed this and will be prepared to give you the up-to-date, personalized information you will need to have a safe and healthy trip.

At the time of your appointment, please remember to bring a copy of your **itinerary** and your **yellow immunization card.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Linda Nabha, MD Date**

**Price Medical Travel Medicine**

**202-463-0220(p)**

**202-463-0222 (f)**