

**Price Medical Travel Medicine**

**Pre-Travel Consultation Form**

# PATIENT INFORMATION

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (first, middle initial, last) 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.  |  |  |

## 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, eco-tourism, 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medications**

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? If so what type?**

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**Final Note**

Please complete this form and mail, email (info@pricemedical.com), or fax it to us prior to your appointment. If you have an **International Certificate of Vaccination Prophylaxis** **(yellow immunization card)** please bring it to your appointment**. We look forward to seeing you.**

**Travel Medicine Physician Recommendations:**

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

**Linda Nabha, MD Date**

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