

ProCare Small Group Education Travel – Perspectives for Primary Care

Handout 2 – Jul/Aug 2019



Pre-travel pre-consultation form – for current patients

Name: _____ DOB: _____ Gender: _____
 Contact phone number: _____ Usual GP: _____ Departure date for trip: _____
 Email: _____

Do you have travel insurance for this trip? Yes No
 Does this cover: Healthcare overseas? Yes No Medical evacuation? Yes No

Travel Plans

Purpose of trip (choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Vacation
<input type="checkbox"/> Education/research
<input type="checkbox"/> Adoption
<input type="checkbox"/> Visit friends or family
<input type="checkbox"/> Missionary/volunteer/humanitarian relief | <input type="checkbox"/> Work (urban, office-based, conference)
<input type="checkbox"/> Work (rural, outdoors, in local community)
<input type="checkbox"/> To obtain medical or dental care
<input type="checkbox"/> Other: _____ |
|--|--|

Activities

Will you be visiting areas that are?
 Rural Yes No unsure Urban Yes No unsure Primitive or remote Yes No unsure

Will you be engaging in any of the following? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Safari
<input type="checkbox"/> Adventure (e.g. climbing, skiing)
<input type="checkbox"/> Diving
<input type="checkbox"/> Ascending to high altitudes | <input type="checkbox"/> Potential exposure to body fluids (e.g. tattooing)
<input type="checkbox"/> Potential exposure to animals
<input type="checkbox"/> Potentially having new sexual partners
<input type="checkbox"/> Hiring car/motorbike |
|--|---|

Accommodation (choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Resort/large hotel
<input type="checkbox"/> Small hotel/guest house/B&B
<input type="checkbox"/> Dormitory/hostel
<input type="checkbox"/> Air-conditioned | <input type="checkbox"/> Up-scale camping/lodge
<input type="checkbox"/> Primitive camping
<input type="checkbox"/> Private home
<input type="checkbox"/> Cruise ship |
|--|--|

Countries and cities in order of visit (continue over back of page if needed)

Country	Arrival	Departure

Vaccination history

Have you had an adverse reaction to an immunisation? Yes No explain: _____
 Did you miss any childhood immunisations? Yes No which ones? _____
 Have you received the following?

	Yes	Date:	No	Unsure
Hepatitis A				
Hepatitis B				
Meningococcal				
Measles/Mumps/Rubella				
Polio				
Tetanus				
Typhoid				
Yellow Fever				
Japanese Encephalitis				
Influenza				
Other				

General health information

Do you have any allergies (foods, medicines)? Yes No explain: _____
 Are you or your partner pregnant or intending to become pregnant? Yes No
 Are you breastfeeding? Yes No

Please check health conditions & medications (including OTC) with health provider & ask for a print out to take with you