



**HUCCLECOTE SURGERY
TRAVEL RISK
ASSESSMENT FORM**

The GP's and Nurses cannot give travel advice without first reviewing this form. Please complete this and return it to the Surgery. It will be assessed and you will be contacted to arrange an appropriate length appointment. Please be aware that travel vaccinations and immunisations will incur a charge.

Personal details:						
Name:		Date of Birth:				
		Male []		Female []		
Easiest contact telephone number:						
Email:						
Contact details of own GP – if non Hucclecote Patient:						
GP Name:			Surgery Address:			
Travel:						
Date of Departure:		Return date or overall length of trip:				
Itinerary and purpose of visit:						
Country to be visited		Length of Stay		Away from medical help at destination, if so, how remote?		
1.						
2.						
3.						
Please tick as appropriate below to best describe your trip:						
1. Type of trip	Business	<input type="checkbox"/>	Pleasure	<input type="checkbox"/>	Other	<input type="checkbox"/>
2. Holiday type	Package	<input type="checkbox"/>	Self organised	<input type="checkbox"/>	Back packing	<input type="checkbox"/>
	Camping	<input type="checkbox"/>	Cruise Ship	<input type="checkbox"/>	Trekking	<input type="checkbox"/>
3. Accommodation	Hotel	<input type="checkbox"/>	Relatives/ Family home	<input type="checkbox"/>	Other	<input type="checkbox"/>
4. Travelling	Alone	<input type="checkbox"/>	With family / friend	<input type="checkbox"/>	In a group	<input type="checkbox"/>
5. Staying in area which is:	Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Altitude	<input type="checkbox"/>
6. Planned activities:	Safari	<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Other	<input type="checkbox"/>

Personal Medical History					
Non Hucclecote Patients. Do you have any recent or past medical history of note? (Including diabetes, heart or lung conditions)/ DVT / PE					
Non Hucclecote Patients. List any current or repeat medications					
Non Hucclecote Patients. Do you have any history of mental illness including depression or anxiety?					
Non Hucclecote Patients. Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
ALL. Do you have any allergies for example to eggs, antibiotics, nuts?					
ALL. Have you ever had a serious reaction to a vaccine given to you before?					
ALL. Does having an injection make you feel faint?					
ALL. Do you or any close family members have epilepsy?					
Women only. Are you pregnant or planning pregnancy or breast feeding?					
Please note. Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?					
Please write below any further information which may be relevant.					
Vaccination History					
ALL. Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne Enceph	
Other					
Malaria tablets					

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant.

I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed Date

Hucclecote Surgery information provided by

Name Signed Date