Date of Appointment: ____________________

Travel Consultation Questionnaire

Patient Name:		DOB:	yyyy-mm-dd
Country of birth:		Province	
Email Address:		Gender:	F M
Date of departure:			
Length of stay:			
Destination(s):	*(country and province/area)*		
Previous vaccines:			

please remember to bring your vaccination booklet with you to your appointment

TRAVEL CATEGORIES

- ☐ Adventure
- ☐ All Inclusive Trip/Hotels & Resorts
- ☐ Business Travel
- ☐ Cruise ship
- ☐ High Altitude Travel
- ☐ Humanitarian aid workers
- ☐ Long-distance air travel
- ☐ Organised group travel
- ☐ Renting an apartment/condominium
- ☐ River Cruise
- ☐ Scuba diving travel
- ☐ Student exchange program
- ☐ Tourist Travels
- ☐ Travel with infant and children
- ☐ Visit Friends and Relatives

PLANNED ACTIVITIES

- ☐ Animal encounters
- ☐ Biking
- ☐ Cave exploration
- ☐ Climbing
- ☐ Hiking/Walking
- ☐ Rafting
- ☐ Safari
- ☐ Scuba-Diving
- ☐ Snorkeling
- ☐ Surfing
- ☐ Swimming
- ☐ Trekking

WOMEN SECTION

- ☐ Are you pregnant or do you intend to become pregnant? If pregnant, how many weeks? ___________

IMMUNIZATION

- ☐ Did you receive a blood transfusion or immunoglobulin in the last 12 months?
- ☐ Do you have a fever today?
- ☐ Do you live with anyone who has an immune disorder?
- ☐ Have you had a problem with your immune system?
- ☐ Have you ever fainted from having an injection?
- ☐ Have you ever had a fever after a vaccine in the past?
- ☐ Have you ever had an adverse reaction to a vaccination?

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Travel Consultation Questionnaire

MEDICAL CONDITIONS

- ☐ Anemia (sickle-cell)
- ☐ Anxiety
- ☐ Blood diseases
- ☐ Cancer
- ☐ Cardiac problems
- ☐ Cirrhosis
- ☐ Coagulation disorder
- ☐ Constipation
- ☐ Crohn's Disease
- ☐ Dengue fever
- ☐ Depression
- ☐ Diabetes
- ☐ Diarrhea
- ☐ Disembarkment sickness
- ☐ Epilepsy/Seizures
- ☐ Gastrectomy
- ☐ Guillain-Barré Syndrome
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ HIV/AIDS
- ☐ Hypertension
- ☐ Hypochlorhydria
- ☐ Irritable Bowel Syndrome
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Lupus Erythematosus
- ☐ Motion Sickness
- ☐ Oculo-respiratory syndrome
- ☐ Organ transplant, spinal cord
- ☐ Phlebitis
- ☐ Photosensibility
- ☐ Psoriasis
- ☐ Respiratory problems
- ☐ Retinopathy
- ☐ Rheumatoid arthritis
- ☐ Sea sickness
- ☐ Splenectomy
- ☐ Strange dreams, nightmares
- ☐ Thymus disease
- ☐ Tuberculosis
- ☐ Ulcerative colitis
- ☐ Urticaria (hives)
- ☐ Vaginitis
- ☐ Vomiting

MEDICATIONS

- ☐ Anticoagulants
- ☐ Anti-Depressants/Anti-anxiety
- ☐ Aspirin
- ☐ Bêta-Blockers
- ☐ Birth control pills
- ☐ Chemotherapy
- ☐ Epinephrine injector
- ☐ HIV medications
- ☐ Insulin/Diabetes medications
- ☐ Methotrexate
- ☐ Pepto Bismol
- ☐ PPI: inhibitors of acid secretion
- ☐ Quinine, heart medications
- ☐ Radiation treatments
- ☐ Steroids/Cortisone
- ☐ Cholesterol medications
- ☐ Zyban or Wellbutrin

ALLERGIES

- ☐ Aluminum
- ☐ Bee sting / wasp
- ☐ Chicken proteins
- ☐ Eggs
- ☐ Formaldehyde
- ☐ Streptomycin
- ☐ Sucrose
- ☐ Gelatine
- ☐ Gentamycin
- ☐ Lactose
- ☐ Latex
- ☐ Mercury/thimerosal
- ☐ Sulfites
- ☐ Tetracycline
- ☐ Neomycin
- ☐ Penicillin/sulfate
- ☐ Phenol
- ☐ Rash
- ☐ Sodium Chloride
- ☐ Yeast

PLEASE FAX THIS FORM BEFORE YOUR APPOINTMENT TO: 514-626-1228

Questionnaire content taken from Travelhealthassist.com