Travel **Haltemprice Pharmacy online** **Date: _ _ / _ _ / 2 0 _ _**

Patient's personal details

Title: Mr:▢ Miss:▢ Ms:▢ Mrs:▢ Dr:▢	Customer Address:
Name:	
Surname:	GP Name and Address:
Email:	
Mobile:	Would you like your GP to be notified of this consultation? ▢
Gender: Male:▢ Female:▢ D.O.B: _ _ / _ _ /_ _	

Dates of Trip

Date of departure

Return date or overall length

Itinerary and purpose of visit

Country to be visited	Length of stay	Remote? Trek? Medical access? Altitude?
1.		
2.		
3.		
4.		
5.		

Personal Medical History

Tick which of the following applies to you	Yes	No	Details (reconfirmed @ each appointment)
Are you feeling well today?	▢	▢	
Have you had any immunizations in the past 3 weeks?	▢	▢	
Do you have any recent or past medical history of note?	▢	▢	
Do you take any current or repeat medicines?	▢	▢	
Do you have any allergies to any medicines?	▢	▢	
Have you had a serious reaction to a vaccine, antimalarial or doxycycline before?	▢	▢	
Does having an injection m ake you feel faint?	▢	▢	
Do you or any of your family suffer from epilepsy?	▢	▢	
Have you recently undergone radio therapy, chemotherapy, steroids treatment?	▢	▢	
Do you have any history of the following: anxiety, depression, heart, lung, spleen, liver, kidney, immunity, blood conditions, disorders, diabetes, immunity, HIV-AIDs?	▢	▢	

Vaccination History

Have you had a vaccine, antimalarial or doxycycline before? (Please add dates)

Tetanus	Polio	Diphtheria
Typhoid	Hepatitis A	Hepatitis B
Meningitis	Yellow Fever	Influenza
Rabies	Jap B Enceph	Tick Borne

Other Malaria Tablets

Women only

Tick which of the following applies to you	Yes	No	Details (to be reconfirmed at each appointment)
Are you pregnant or planning a pregnancy?	▢	▢	
Are you breastfeeding?	▢	▢	

Please write below any further information which may be relevant e.g. medicines, conditions...

FOR OFFICIAL USE

Consultation Record

For each consultation add:
date, batch No, expiry date, adminstration site and patient consent signature

Vaccine	Consultation 1	Consultation 2	Consultation 3	Price
Dip / Tet / Polio				
Typhoid				
Combined Hep A + Typhoid				
Combined Hep A + Hep B				
Hep A				
Hep B				
Meningitis				
Rabies				
Cholera				
Other				

Malaria Oral Medicine	Date	Quantity	Details	Price
Atovaquone + Proguanil				
Lariam (mefloquine)				
Doxycycline				
Paludrine (chloroquine + proguanil)				
Chloroquine				

Total Price................

Additional travel advice

▢	Water and personal hygiene	▢	Travellers' diarrhoea	▢	Hepatitis B and HIV
▢	Insect bite prevention	▢	Animal bites	▢	Accidents
▢	Insurance	▢	Air travel	▢	Sun and heat protection

PATIENT CONSENT

I have received information on the risks and benefits of the medicines recommended and fully understand them. I have also had the opportunity to ask questions. I consent to the recommended medicines being given at each appointment.

Patient signature............................../.................................../................................ Date..................

Pharmacist signature......................../................................../................................ Date..................

Do you consent for our pharmacy and/or our authorising medical agency to contact you regarding customer satisfaction? **Yes / No**