

TRAVEL QUESTIONNAIRE

Surname:		First name:
DOB:	Age:	M/F
Country of Birth:		Nationality:
Address:		Phone no: (Home)
		Mobile:
Postcode:		
GP name and Medical Centre:		
Would you like a copy of the notes to be sent to your GP?		
How did you hear about Courtenay Medical's travel clinic?		

Please complete questions below:

1. Have you travelled previously to any developing countries? Y/N
 If **yes**: Did you have any health problems while away? Y/N
 If **yes** please specify _____
2. Do **you** have or **have you ever had any** medical problems? E.g. Blood clots, asthma, chest problems, heart disease, high blood pressure, Diabetes, stomach ulcer, psoriasis, joint problems, cancer, mastectomy, splenectomy, epilepsy, depression, schizophrenia, anxiety attacks, mental illness, weakness of the immune system, HIV/AIDS, or thyroid disorders? Y/N
 If **yes**, please specify _____
3. Do you have **family** history of blood clots, depression, schizophrenia, anxiety attacks or mental illness? Y/N
 If **yes**, please specify _____
4. Do you **regularly** take or **occasionally** take any medications? (prescription and non prescription) Y/N
 Name of all medications _____
5. Are you allergic to anything? E.g. sulphur drugs, penicillin, tetracycline's, neomycin, gelatin, any foods including eggs, iodine, latex, band aids, insect bites? Y/N
 If **yes**, please specify _____
6. Have you been in hospital, been ill or injured in the last 6 weeks? Y/N
7. Are you currently undergoing any medical investigations/treatments? Y/N
 If **yes**, please specify _____
8. Have you had immune globulin or a blood transfusion in the last 12 months? Y/N
9. **Women only:** Are you pregnant or planning to become pregnant while travelling or within 3 months of you return? Y/N
10. Are you up to date with your childhood vaccines? Y/N
11. Have you received any vaccinations during the past four weeks? Y/N
12. Have you ever had a serious reaction to a vaccination? Y/N
13. Do you have any particular health concerns regarding this trip? Y/N
 Please outline _____
14. What is the purpose of your trip? _____
15. Date leaving New Zealand _____ Date returning to New Zealand _____
16. Please list in order the countries you intend visiting, and how long you plan to spend in each:
 1. _____(days) 2. _____(days)
 3. _____(days) 4. _____(days)
 5. _____(days) 6. _____(days)

