

THE FARNHAM DENE MEDICAL PRACTICE

TRAVEL HEALTH QUESTIONNAIRE

- Please complete this form and return it to the practice nurse at least one week before your first appointment for travel health advice.
- Where possible, make an appointment at least 8 weeks before departure.
- A form should be completed for each person that will be travelling.

Name.....Age.....GP.....

Address.....

.....

1. Can you list the countries to be visited, including any stopovers?
(Stopovers should include short stays in airport terminals)

Date of	Country	(Please tick those areas of a county to be visited)			
Departure		Cities	Rural Region	The Coast	Length of Stay

2. Will you be travelling to your destination by:
(Please tick those that apply)

Aeroplane Boat Car Train Bus

Other – Please give details:.....

3. What type of transport do you expect to use while abroad?
(e.g local buses, car hire, renting mopeds or bicycles)

4. Where do you intend to stay while abroad?
(e.g International/budget hotels, guesthouses, camping or with friends/relatives)

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5. What is the purpose of your travel?
(Please tick those that apply)

Holiday Visiting Relatives/Friends

Work – What type of work?.....

Other – Please give details:.....

6. Are you planning/anticipating doing any sporting activities?

No Yes (Please list).....

7. Have you had any of the following?
(Please tick those that apply)

Heart problems	Splenectomy	Allergies
High Blood Pressure	Breathing Problems	Diabetes
Asthma	Severe back problems	

Please give details of any other medical problems:.....

.....
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8. Have you recently had any illness, surgery or dental treatment?

No Yes (Please give details).....

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9. Are you pregnant?

Yes No

10. Do you take any tablets?

No Yes (Please give details).....

