

**CRICKHOWELL HEALTH CENTRE**

**TRAVEL HEALTH  
Pre-travel Clinic Record**

Health Travel Booklet given? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name:	Unit No.	DOB: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Patient's address:		GP name:			
		Address:			
Postcode:		Postcode:			
Tel no.		Tel no.			
Medical history:					
Current health problems:		Current medication:			
Allergies:		Pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> No. of weeks <input type="text" value=""/> <input type="text" value=""/>			
<b>TRAVEL DETAILS:</b> (in order first to last) Date of departure: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Total duration: <input type="text" value=""/>					
<b>Destination(s):</b> (Record no. of weeks in box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Type of trip</b> (please tick all that apply)			<b>Areas to be visited</b>	<b>Accommodation</b>	
Package holiday <input type="checkbox"/>	Immigration <input type="checkbox"/>	Voluntary/charity work <input type="checkbox"/>	Urban <input type="checkbox"/>	Good <input type="checkbox"/>	
Cruise <input type="checkbox"/>	Organised adventure holiday <input type="checkbox"/>	Elective/Student <input type="checkbox"/>	Rural <input type="checkbox"/>	Basic <input type="checkbox"/>	
Business < 3 months <input type="checkbox"/>	Backpacking <input type="checkbox"/>	Aid worker <input type="checkbox"/>	Altitude >3000m <input type="checkbox"/>	Poor <input type="checkbox"/>	
Business > 3 months <input type="checkbox"/>	Visiting family and friends <input type="checkbox"/>	Self organised <input type="checkbox"/>	Beach <input type="checkbox"/>	Not known <input type="checkbox"/>	
Occupation/activities abroad:		<b>Subsequent notes</b>			
		Date			
<b>Risks discussed:</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	Date
Bite avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food/water hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blood borne viruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Schistosomiasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Insurance/accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sun protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
please specify below:					