



# LADIES WALK PRACTICE

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Practice Manager: Mrs Janet Fry

## Pre Travel Risk Assessment Form

Name:	Male / Female
Date of Birth:	Pregnant: Yes No

Date of Travel:	Date Return:
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**Destination:** Give details of the countries that will be visited in the correct order, including any country you maybe just passing through

Country to be Visited-Area/Region	Length of Stay	Accommodation	Remote areas away from medical help?
1.			
2.			
3.			

**Type of Travel:** Place and X next to the activity or purpose of your trip

<b>Reason for travel</b>	Holiday	Business	Missionary
<b>Type of holiday travel</b>	Package Self organised	Cruising camping	Trekking Back packing
<b>Travelling companions</b>	Family/Friend	Group	Alone
<b>Planned Activities</b>	Leisure	Adventure/ Safari	Missionary/Health care

**Personal Medical History:**

Current or past medical conditions i.e. pregnancy, diabetes, heart, lung
Any medication?

Do you have or have you ever had any of the following:

Allergies i.e. eggs, medication	
Previous reaction to vaccine	
Recent surgery	
Steroid, Chemotherapy or Radiotherapy treatment	
High blood pressure	
Epilepsy	
Fainting	
Anxiety, Depression or Mental Illness	

**Vaccination History**

<b>Travel Vaccine</b>	<b>Date Given</b>
Tetanus/ diphtheria	
Polio	
Hep A	
Typhoid	
Heb B	
Meningitis	
Rabies	
Yellow Fever	
Japanese B Encephalitis	
Tick-Bourne encephalitis	
Cholera	

**Malaria:** List the name of any Malaria tablets previously taken.

Please give any other information that is relevant.

**Remember:**

Book a travel appointment at least 8 weeks before leaving the country
Ensure adequate travel insurance is arranged for EU countries and obtain a European Health Insurance Card. Obtain at <a href="http://www.dh.gov.uk">www.dh.gov.uk</a> or by phone 0845 6062030
Pack a first aid kit and all medications required. Sterile emergency equipment if in remote area.
Further information visit <a href="http://www.FCO.gov.uk">www.FCO.gov.uk</a> or <a href="http://www.fitfortravel.org">www.fitfortravel.org</a>

**Vaccines Recommended for this trip**

<b>X</b>		<b>CHARGE APPLICABLE</b>
	DTP	N/C
	Hep A	N/C
	Typhoid	N/C
	Hep B	£60 FOR COURSE OF 3, £20 SINGLE INJECTION
	Meningitis ACWY	£30
	Rabies	<b>not given at surgery</b>
	Yellow Fever	<b>not given at surgery</b>
	Jap B Enceph	<b>not given at surgery</b>
	Tick B Enceph	<b>not given at surgery</b>
	Cholera	<b>not given at surgery</b>

**At Ladies Walk Practice, we only give the vaccines as seen in the table above. We refer patients needing complex travel requirements to a Travel Clinic where specialist nurses are employed.**

**Malaria Chemoprophylaxis and advice**

	Chloroquine
	Chloroquine and Proguanil
	Atovaquone and Proguanil (Malarone)
	Doxycycline
	Mefloquine (Larium)

**There is a £10.00 charge for a private prescription for anti-malarial drugs**

	Advice leaflet given
	Consent by Patient for vaccine's to be administered

**We wish you a safe and happy journey**