

Travel Risk Assessment Form

Please email the completed form to info@carnforthpharmacy.co.uk

Name: _____ Sex at birth: _____
Male Female Other/Prefer not to say

Address: _____ Telephone: _____
Email: _____

Date of birth: _____ GP surgery: _____

Travel details

Departure date: _____ Total length of trip: _____

Return date: _____

Country	Destination(s) within the country	Length of stay	Mode of transport
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Destination description - tick all that apply

Urban (town/city) Jungle Coastal Safari
Rural (countryside) Desert High altitude Other (please specify)

Purpose of trip - tick all that apply

Adventure/gap year Diving Health worker Other (please specify)
Cruise Medical treatment Pilgrimage
Long term/expatriate Business/work Holiday
Aid work/emergency response Visiting friends and family Charity/volunteer

Destination description - tick all that apply

Hotel Hostel Other (please specify)
Camping Staying with family/friends

Do you have travel health insurance (covering pre-existing health conditions and planned activities if relevant)? YES NO

Medical history

Please tick either YES or NO.

Are you well? YES NO

Do you have any health conditions? <i>e.g. diabetes, respiratory (breathing) problems, heart disease, neurological illness, liver or kidney problems, blood disorders (e.g. sickle cell disease, clotting or bleeding issues)</i>	YES	NO
Do you, or a first degree relative (parents, sibling or child), have epilepsy or seizures?	YES	NO
Have you ever experienced any mental health issues, even mild anxiety, or depression?	YES	NO
Do you have, or have had, a condition that could impair your immune system? <i>e.g. HIV/AIDS, blood cancer</i>	YES	NO
In the last 12 months, have you taken any medication or had treatment that could impair your immune system? <i>e.g. chemotherapy, radiotherapy, steroid tablets</i>	YES	NO
Have you ever had any surgery? <i>e.g. open-heart surgery, transplant surgery, spleen or thymus gland removal</i>	YES	NO
Have you ever had a travel related illness/injury that required assessment/treatment in hospital?	YES	NO
Are you receiving regular treatment or follow up with your GP/hospital specialist?	YES	NO
Do you have any disability or mobility problems?	YES	NO
Do you have any allergies? <i>e.g. food, medication or latex</i>	YES	NO
Have you, or anyone in your family, ever had a severe reaction to a vaccine or malaria medication?	YES	NO
Are you or your partner pregnant or planning pregnancy?	YES	NO
Are you breast feeding?	YES	NO
Do you have known or suspected cancers, or have you had cancer in the past?	YES	NO
Have you received any live vaccines in the last 4 weeks?	YES	NO
Have you received any antibiotics in the last 14 days?	YES	NO
Further Details If you answered yes to any of the above questions, please provide details here with any other important information regarding your health, including problems experienced with previous travel:		

Medication

Please give details of any medication you are taking, including prescribed/self-treatment/over-the-counter remedies and contraception.

Name of medication	Dose/frequency
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Under 18s only

Weight:

Date:

Vaccine history

If you have received vaccinations elsewhere which will not be in our clinic records, please provide details here;

Vaccination	Date(s) of vaccination	Date(s) of vaccination unknown	Notes
Chikungunya			
Cholera			
Dengue Fever			
Diphtheria/Tetanus/Polio			
Hepatitis A			
Hepatitis A/B			
Hepatitis A/Typhoid			
Hepatitis B			
Japanese encephalitis			
Meningitis ACWY			
MMR			
Rabies			
Tick-borne encephalitis			
Tuberculosis			
Typhoid			
Yellow fever			
Other			

Where did you hear about us?

Please tick any of the boxes that apply.

Friend

GP surgery

Internet search

Trustpilot

Magazine

Pharmacy window

Our website

Other (please specify)

Thank you for completing the form.

Please email the completed form to info@carnforthpharmacy.co.uk

The legal framework for this service is provided through PharmaDoctor who won't pass on your data without your consent but will keep it safe in case you need it in the future.

For more information please visit <https://pharmadoctor.co.uk/patient>