**Coulby Medical Practice**

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**TRAVEL RISK ASSESSMENT FORM**

**Complete before appointment – email to coulby.mp@nhs.net**

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| --- |
| **TRAVELLER - PATIENT DETAILS** |
| Name:  | Date of Birth:  |
| Telephone Number/s:  | Your country of origin:  |
| Address:  |
| **INFORMATION ABOUT YOUR TRIP**  |
| Date of departure: | Total length of trip: |
| **COUNTRY TO BE VISITED** | **EXACT LOCATION OR REGION** | **CITY OR RURAL** | **LENGTH OF STAY** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| Have you taken out travel insurance for this trip? [ ]  Yes [ ]  No |
| Do you plan to travel abroad again in the future? [ ]  Yes [ ]  No |
| **TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY**  |
| [ ] Holiday [ ] Staying in hotel [ ] Backpacking [ ] Business trip [ ] Cruise ship trip [ ] Camping/hostels[ ] Expatriate [ ] Safari [ ] Adventure[ ] Volunteer work [ ] Pilgrimage [ ] Diving[ ] Healthcare worker [ ] Medical tourism [ ] Visiting friends/family | Additional Information |
|  **DETAILS OF YOUR PERSONAL MEDICAL HISTORY** |
|  | **YES** | **NO** | **Additional Details** |
| Are you fit and well today? | [ ]  | [ ]  |  |
| Do you have any allergies e.g. food, latex, medication? | [ ]  | [ ]  |  |
| Have you ever had a severe vaccine reaction? | [ ]  | [ ]  |  |
| Do you tend to faint with injections? | [ ]  | [ ]  |  |
| Have you had any surgical operations in the past, including e.g. your spleen or thymus gland removed? | [ ]  | [ ]  |  |
| Have you recently had chemotherapy, radiotherapy, or an organ transplant? | [ ]  | [ ]  |  |
|  **Do you have any history of…** |
| Anaemia? | [ ]  | [ ]  |  |
| Bleeding /clotting disorders (including history of DVT)? | [ ]  | [ ]  |  |
| Heart disease (e.g. angina, high blood pressure)? | [ ]  | [ ]  |  |
| Diabetes? | [ ]  | [ ]  |  |
| Disability? | [ ]  | [ ]  |  |
| Epilepsy/seizures? | [ ]  | [ ]  |  |
| Gastrointestinal (stomach) complaints? | [ ]  | [ ]  |  |
| Liver and or kidney problems? | [ ]  | [ ]  |  |
| HIV/AIDS? | [ ]  | [ ]  |  |
| Immune System Condition? | [ ]  | [ ]  |  |
| Mental health issues (including anxiety, depression) | [ ]  | [ ]  |  |
| Neurological (nervous system) illness | [ ]  | [ ]  |  |
| Respiratory (lung) disease | [ ]  | [ ]  |  |
| Rheumatology (joint) conditions | [ ]  | [ ]  |  |
| Spleen problems | [ ]  | [ ]  |  |
| Any other conditions? | [ ]  | [ ]  |  |
|  **Women only…** |
| Are you pregnant? | [ ]  | [ ]  |  |
| Are you breast feeding? | [ ]  | [ ]  |  |
| Are you planning pregnancy while away? | [ ]  | [ ]  |  |
| Have you undergone FGM / been cut | [ ]  | [ ]  |  |
| **INFORMATION ON ANY PAST ROUTINE, OR TRAVEL, VACCINATIONS**  |
| Diphtheria/Tetanus/Polio |  | MMR |  | Influenza |  |
| Typhoid |  | Hepatitis A |  | Pneumococcal |  |
| Cholera |  | Hepatitis B |  | Meningitis |  |
| Rabies |  | Japaneseencephalitis |  | Tick borneencephalitis |  |
| Yellow fever |  | BCG |  |  |
| Malaria Tablets -  |
| Other -  |