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Billesdon Surgery

TRAVEL RISK ASSESSMENT FORMS

INFORMATION FOR PATIENTS – PLEASE ENSURE YOU READ THIS FORM BEFORE SUBMITTING TO RECEPTION

Please allow 8 weeks before travel in order to guarantee this process can be completed.

If you apply within a shorter notice period, we may not be able to satisfy some or all your needs.

PLEASE BE AWARE THAT AT YOUR FIRST APPOINTMENT YOU MAY BE ADVISED OF OTHER VACCINATIONS, WHERE YOU WILL NEED TO ATTEND A PRIVATE TRAVEL CLINIC AS BILLESDON SURGERY DOES NOT OFFER THIS SERVICE

For more information, please visit www.fitfortravel.nhs.uk.

BILLESDON SURGERY IS ONLY ABLE TO ADMINISTER THE FOLLOWING FREE NHS TRAVEL VACCINATIONS

TETANUS, TYPHOID, HEPATITIS A AND CHOLERA

On receipt of your completed travel risk assessment form the practice nurse will check your form, your electronic medical records, your paper medical records, and the conditions in the country/ies that you are travelling to. Depending on demand, availability, and accessibility, this can take a little time – our quality standard is to complete this step within 10 working days.

Key information the practice nurse will need are:

- **The country you are going to and where in that country you will be visiting**
- **When you are departing and for how long**
- **If you are planning on undertaking any high-risk activities**
- **Whether you have taken out travel insurance and if you have informed the company of any medical conditions**
- **If female and of childbearing age, is there any possibility you could be pregnant if we needed to give you any injections.**
- **If you have any medical conditions – these can interfere for example with the type of malaria tablets that can be chosen if you were going to a country that has malaria.**

Once the practice nurse has formed a view on the vaccinations and advice that is necessary, we can begin to plan your travel appointments.

PLEASE ENSURE YOU CALL THE SURGERY AFTER 10 WORKING DAYS.

BILLEDON SURGERY

TRAVEL RISK ASSESSMENT FORM

Please complete this form prior to your travel appointment and return it to reception. You will then need to telephone reception after 10 working days to be informed if anything is required.

Personal details	
Name:	Date of birth: Male [] Female []
Easiest contact telephone number:	
E mail:	
Dates of trip	
Date of Departure:	Return date:
Overall length of trip:	

*** IT IS IMPORTANT THIS SECTION IS FILLED IN.
FAILURE TO DO SO MAY DELAY YOUR TREATMENT ***

Itinerary and purpose of visit		
<u>COUNTRY, TOWN, and CITY</u> you will be visiting	Length of stay	Away from medical help at destination, if so, how remote?
1.		
2.		
3.		
4.		

Please tick as appropriate below to best describe your trip

- | | | | |
|------------------------------------|------------------------------|-----------------------------|-----------------|
| 1. Type of trip | Business [] | Pleasure [] | Other [] |
| 2. Holiday type | Package [] | Self organised [] | Backpacking [] |
| | Camping [] | Cruise ship [] | Trekking [] |
| 3. Accommodation | Hotel [] | Relatives / family home [] | Other [] |
| | | With family / friend [] | In a group [] |
| 5. Staying in area which is | Urban [] | Rural [] | Altitude [] |
| | 6. Planned activities | Safari [] | Adventure [] |

Personal medical history

Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions, thymus disorder)

List any current or repeat medications.

Do you have any allergies for example to eggs, antibiotics, nuts?

Have you ever had a serious reaction to a vaccine given to you before?

Does having an injection make you feel faint?

Do you or any close family members have epilepsy?

Do you have any history or mental illness including depression or anxiety?

Have you recently undergone radiotherapy, chemotherapy, or steroid treatment?

Are you pregnant or planning pregnancy or breast feeding?

Have you taken out travel insurance and if you have a medical condition, informed the insurance company about his?

Please write below any further information which may be relevant.

Vaccination History

Have you ever had any of the following vaccinations / malaria tablets and if so, when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria tablets					

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the free NHS travel vaccines being given.

Signed _____ Date _____

Now scan this form into the patient's record on the computer for evidence of best practice