



WESTONGROVE TRAVEL SERVICE

Westongrove Partnership is pleased to offer a private travel service for our patients. We offer a limited amount of travel appointments with our specially trained nurses, so please book early so that we can accommodate your needs.

Whilst we recognise that you may have to make last minute travel plans, we cannot guarantee last minute appointment availability. In many cases this is because vaccinations should be administered a certain number of weeks prior to travel.

Please complete the attached form prior to your travel appointment and return to reception. Please complete a separate form for each person travelling. If you are not registered as a patient at Westongrove Partnership, we will require your home address. We will need a mobile number so that we can text you when your form has been completed.

You may require a course of vaccinations, so it is essential that you hand in your forms as soon as possible, ideally 10 weeks prior to your travel date. Please include as much information regarding your planned travel itinerary as possible. This enables the Travel Team to provide accurate and up to date information.

The forms will be reviewed by a specialist travel nurse, who will send you a text message once the form has been completed, asking you to contact the surgery to make your travel vaccination appointment. You will be advised at this time whether we are able to offer you a full travel service and an initial appointment will be made with the Travel Nurse to discuss your requirements.

Should we be unable to provide you with this service we will advise you of other travel service providers.

Please note that although some vaccinations are free of charge, most incur a charge and will need to be paid for before administration. These vaccinations are marked with an asterix (*) on the travel form and priced accordingly. If malaria tablets are required there is normally a separate prescription charge.

Patients not registered at Westongrove Partnership will be charged for all vaccinations.

Following NHS guidance, requests for medication for the anticipated onset of an ailment whilst outside the UK, for medication to delay/prevent menstruation and medication to prevent 'fear of flying' will incur a private charge.

If you require regular medication for a stable long term health condition, your GP can prescribe a maximum supply of three months.

Further patient advice can be found at <http://www.nhs.uk/chq/Pages1755.aspx>

Westongrove Travel Team



Westongrove Partnership - TRAVEL RISK ASSESSMENT FORM

PLEASE COMPLETE 10 WEEKS PRIOR TO DEPARTURE

Please complete this form prior to your travel appointment and return to reception.

A form for each family member is required.

We cannot guarantee last minute appointment availability.

Please note there is a charge for travel vaccinations marked with an asterisk (*).

Patients NOT registered at Westongrove will be charged for all vaccinations.

Personal details		DATE:	
Name:		Male [] Female []	
		DOB:	AGE:
Mobile telephone number			
Email address			
Address:			
Registered GP Practice: Aston Clinton [] Bedgrove [] Wendover [] Other []			
Date of Trip		Overall Length of Trip	

Travel Destination (s)	Length of stay	Remote destination	Any Transit Airport

Please tick as appropriate below to best describe your trip

Type of trip	Business		Pleasure		Other	
Holiday type	Package		Self-organised		Backpacking	
	Camping		Cruise ship		Trekking	
Accommodation	Hotel		Relatives/family/home		Other	
Type of area	Urban		Rural		Altitude	
Planned activities	Safari		Adventure		Other	

Do you have any recent or past medical history? (including diabetes, heart, lung, operations etc)
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?
Do you or any close family members have epilepsy?
Do you have any history of mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy, or steroid treatment?
Women only: Are you pregnant or planning pregnancy or breast feeding?
Have you taken out travel insurance? If you have a medical condition, have you informed the insurance company about this?
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?					
Yellow Fever		Polio		Jap Enceph	
Typhoid		Tetanus		Hepatitis B	
Hepatitis A		Diphtheria		Rabies	
Influenza		Meningitis		Tick Borne	
Other					
Malaria tablets					

I confirm that I am fit and well. I have no reason to think that I might be pregnant. I give my consent to the vaccines being given.

Signed _____ **Date** _____

After completing this form, it should be returned to your surgery. The travel nurse will then complete the section below indicating initial appointment length. We anticipate that you will receive your text message from us within **10 working days** after handing in your form.

- Certain vaccinations/courses will incur a charge, payment must be made prior to administration.
- **N.B.** If malaria tablets are required there is a separate private prescription charge.

For official use

TRAVEL VACCINES RECOMMENDED FOR THIS TRIP AND COST

Disease protection	Yes	No	Discuss	Disease Protection	Yes	No	Discuss
Hepatitis A				Yellow Fever*			£100
Typhoid				Meningitis ACWY*			£80.00
Tetanus				Rabies* (course)			£260
Diphtheria				Hepatitis B* (course)			£165.00
Polio				Japanese Enceph* (course)			£210.00
Tickborne Enceph* (course)			£210.00	Other			

Consultation only regarding Malaria	Yes ()	No ()
Malaria tablets or discussion required	Yes ()	No ()

Nurse appointment time	10 mins	20 mins	30 mins	Or _____ mins with partner
Please make you appointment at least _____ weeks prior to travel in travel clinic				
Amount due: £.....				
Signed by:	Position:	Date:		

Please could you bring any travel vaccination cards you may have to your travel consultation.
Travel information and vaccine prices can be found on our website: www.westongrove.com

THANK YOU