TODMORDEN GROUP PRACTICE

# Pre Travel Risk Assessment Form

Please complete this form and return it to the surgery. The information you provide will help your nurse/doctor to assess your travel health needs before your trip.

**No travel consultations can take place without a completed Risk Assessment Form. A Practice Nurse will contact you within 7 days of you returning this form.**

**Name: …………………………………………………………………**

**Address: …………………………………………………………………**

**………………………………………………………..**

**Tel No: State preferred contact no:……………………………………………..**

**(*between Mon-Fri 8am – 6:30pm*)**

Date of Birth: …………………………… Male/Female..…….………….

Date of Travel: ……………………… Date of Return: …………………….

Destination: Give details of the countries you will be visiting, in the correct order, including any country you may be just passing through.

|  |  |  |  |
| --- | --- | --- | --- |
| Country to be visited  Area/region | Length of stay | Type of  accommodation | Travelling to remote areas or away from medical help? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Type of travel: Circle which activity best describes the purpose of your trip

|  |  |
| --- | --- |
| Reason for travel | Business Pleasure Other |
| Type of holiday/travel | Package Cruising Trekking  Self Organised Camping Backpacking |
| Are you travelling with | Family Group Alone |
| Planned activities | Leisure Adventure Safari |

Personal Medical History:

Give details of any conditions, which may affect your travel plans

|  |
| --- |
| *Do you have any current or past medical conditions of any note*  *e.g. pregnancy, diabetes, heart or lung conditions, epilepsy, thymus disorders, cancer, HIV* |
| *List any medication that you are taking* |

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

|  |  |
| --- | --- |
| Allergies (e.g. eggs, antibiotics) |  |
| A previous reaction to any vaccine |  |
| Recent surgery |  |
| Treatment with steroids, chemotherapy or radiotherapy |  |
| High blood pressure |  |
| Epilepsy |  |
| Fainting |  |
| Anxiety, depression or mental illness |  |

*(Women only) –* are you pregnant, planning pregnancy or breast feeding?

Vaccination History: Please tick any travel vaccinations (if known) that you have previously been given stating when.

|  |  |  |
| --- | --- | --- |
|  | Travel Vaccine | Date(s) given is known |
|  | Tetanus |  |
|  | Polio |  |
|  | Diptheria |  |
|  | Hepatitis A |  |
|  | Hepatitis B |  |
|  | Typhoid |  |
|  | Meningitis |  |
|  | Rabies |  |
|  | Yellow Fever |  |
|  | Japanese B Encephalitis |  |
|  | Tick-borne Encephalitis |  |
|  | Influenza |  |

\* Please note attached Price List \*

Malaria: List the name of any malaria tablets that you have previously taken, if you cannot remember the name of the tablet it may be useful to list the country visited.

|  |
| --- |
| 1. |
| 2. |
| 3. |

Please give any further information that you feel may be relevant

|  |
| --- |
|  |

Remember:

|  |  |
| --- | --- |
|  | Allow plenty of time for a pre-travel consultation. Aim to see your nurse/doctor at least 6-8 weeks before you travel. |
|  | A dental check-up before you travel may prevent problems while you are away. |
|  | Take out adequate insurance for your destination and activities. A European Health Insurance Card (EHCI) entitles you to free or reduced rate medical care in most EU countries. You can apply for one free of charge online ([www.dh.gov.uk](http://www.dh.gov.uk)), by phone (0845 606 2030), or by post using a form from the Post Office. |
|  | Pack a first aid kit (a sterile kit of emergency equipment may be a good idea if you are going somewhere remote). |
|  | Find out about the place you are travelling, the Foreign and Commonwealth Office website ([www.FCO.gov.uk](http://www.FCO.gov.uk)) contains information and up to date advice on travelling abroad, including information about risks in specific countries. |

I have received travel information and advice on the risk and benefits of the vaccines recommended and have had the opportunity to ask questions.

I consent to the vaccine being given.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Vaccine Pricelist

Adult Vaccine

Cholera **\*\*\*\*\* Free to TGP Patients \*\*\*\*\*** £53.00

Typhoid \***\*\*\*\*\* Free to TGP Patients \*\*\*\*** £28.00

Hepatitis A **\*\*\*\*\* Free to TGP Patients \*\*\*\*\*** £45.00

Hep A & Typhoid **\*\*\*\*\* Free to TGP Patients \*\*\*\*\*** £65.00

Diptheria, Tetanus & Polio **\*\*\*\*\* Free to TGP Patients \*\*\*\*\*** £30.00

Meningitis ACWY £60.00

Rabies £180.00

Rabies Booster £75.00

Tick Bourne Encephalitis £120.00

Japanese Encephalitis + Paediatric £180.00

Malaria Tablets - Private prescription £10.00

Hepatitis A & B £200.00

Hepatitis B (Course 3) £100.00

Hepatitis B Booster £30.00

Paediatric Vaccine

Hepatitis B (Course 3) £80.00

Hepatitis B Booster £30.00

Hepatitis A & B £120.00

**Payment will include the cost of the vaccine, the administrative costs associated with the provision of the vaccine and also with some vaccines a certificate is supplied as confirmation of having the vaccine.**

**The nurse will advise you in advance of the costs for the vaccinations. Costs for vaccinations will be required in advance of treatment.**

*NB: ALL PRICES ARE CORRECT AT TIME OF PRINT AND ARE SUBJECT TO CHANGE. ANY CHANGES WILL BE NOTIFIED PRIOR TO APPOINTMENT.*