

Park Terrace Medical Practice Travel Form

To be completed 6 weeks minimum prior to travel

Please complete this page of information as accurately as possible.

Name

Date of Birth

Address

Daytime telephone number

Mobile number

ABOUT YOUR TRAVEL DESTINATION

Which countries do you intend to visit?

If possible state exact location/towns.....

How long do you intend to stay?.....

Please state any stopovers, however brief

Intended departure date

Will you ever be more than 24 hours from medical help?.....

Conditions under which you expect to live:

Please tick all that apply

Coastal areas	<input type="checkbox"/>	Hotel/B+B's	<input type="checkbox"/>
Inland areas	<input type="checkbox"/>	Camping	<input type="checkbox"/>
Jungle/safari	<input type="checkbox"/>	Hostels	<input type="checkbox"/>
Mountain regions	<input type="checkbox"/>	Family home	<input type="checkbox"/>
	<input type="checkbox"/>	Other	<input type="checkbox"/>

OTHER INFORMATION

Please tick if yes

Do you have any allergies?	<input type="checkbox"/>
Is there any possibility that you could be pregnant?	<input type="checkbox"/>
Are you breastfeeding?	<input type="checkbox"/>
Do you have a history of epilepsy?	<input type="checkbox"/>
Current medication	<input type="checkbox"/>
Have you ever had any immunisations outwith Park Terrace Medical Practice which may not be in your medical records?	<input type="checkbox"/>

If yes please detail below relevant information:

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VACCINATION HISTORY

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

Tetanus			Polio		
Diphtheria			Typhoid		
Hepatitis A			Hepatitis B		
Meningitis			Yellow Fever		
Influenza			Rabies		
JapB Enceph			Tick borne Enceph		
Malaria tabs			Other		

I confirm that the above information is complete and accurate.

Signature of patient Date.....

VACCINES RECOMMENDED (For Surgery Use)

Combined Tetanus Polio & Diphtheria		Yellow Fever	Not available at practice
Cholera		BCG	Not available at practice
Hep A		Rabies	
Hep A Booster		Tick borne Enceph	
Hep B		Jap B Enceph	
Typhoid		Other	
Meningococcal		Other	

MALARIA

Recommended Drugs	Dose	Starting	Ending

Signature of Dr/Nurse Date.....

CHARGES

Some travel immunisations and anti-malarial treatments fall outside the remit of the NHS therefore it is necessary for the Practice to charge for some treatments. These charges are in line with other GP Practices in the area. The Doctor/Practice Nurse will give you a private prescription for your vaccines and anti-malarial medication. **You will also be required to pay the Pharmacist for them.** Pharmacy charges may vary and it is wise to shop around. Prescriptions cannot be issued until payment is made.

There is no charge at the Practice for Hepatitis A, Meningitis C, Typhoid or Diphtheria, Tetanus and Polio vaccines – these are prescribed on an NHS prescription and a standard prescription charge applies.

All travel vaccines cost £15.00 per immunisation with a maximum charge of £75.00

Anti Malarial prescriptions cost £15.00.

Alternative Travel Clinic contact numbers

Stirling University Travel Clinic	01786 478965
Ochilview Travel Clinic Falkirk	01324 715876
Kennington Centre Glasgow	0141 429 0913
Western General Hospital Edinburgh	0131 537 2822