Pre-Travel Consultation Form
Complete all parts and bring to consultation

Section 1 – Personal Details

Given name:	Surname:
Date of birth:	Mobile:
Address:	
Postcode:	Email:

Section 2 – Travel Details

Date departing Australia:		Date returning to Australia:	
Purpose of trip – please circle Holiday / Business / Other			
I will be visiting the following countries:			
Destination (country)	Region /City	Duration (days)	

Section 3 – Health Details

Have you had any serious medical problems such as: please tick as appropriate

	Anxiety / panic attacks		Joint Problems
	Asthma		Mastectomy
	Blood clotting disorder, thrombosis		Mental Illness
	Chronic lung disease		Psoriasis
	Depression		Pulmonary Embolism
	Diabetes		Schizophrenia
	Epilepsy		Splenectomy
	Heart Disease		Stomach Ulcer
	Hepatitis		Cancer treatment
	High Blood Pressure		Thyroidectomy
	HIV/ Aids		Currently pregnant or breast feeding

Please list your current medications including any vitamins or over the counter medications
Please list any allergies (eg: medications, egg, bee stings)

Section 4 – Vaccination Details

Vaccine given	Year	Vaccine given	Year	Vaccine given	Year
Diphtheria/tetanus/ whooping cough		Typhoid		Mantoux /BCG	
Polio		Cholera		Meningiocoocal	
Flu vaccine		Hepatitis B		Japanese Encephalitis	
Pneumovax		Hepatitis A		Q Fever	
Measles/Mumps /Rubella		Hepatitis A Immunoglogulin		Yellow Fever	
Varicella (chicken pox)				Rabies	

Or

Have you received any vaccinations that are not on your Australian Immunisation record? – If so please list and approx year	
Name :	Year:
Name :	Year:
Name :	Year:
Name :	Year: