springs medical
we're here for you

Pre-Travel Questionnaire

Please hand this form to the doctor during your consultation

Patient Details

Name | Date of Birth

Travel Date

Date leaving Australia | Date Returning to Australia

Over Seas Employment

Will you be employed overseas? ☐ Yes ☐ No

Occupation | Employer/Aid Agent: Travellers risk?

Locations

Where are travelling and how long will you stay? Please list all destinations

Location	Length of stay

Previous Travel to similar locations

Have you travelled to similar destinations in the past? ☐ Yes ☐ No

Location	Details of any problems

Medical History

Have you ever had any serious medical problems, such as: Please tick as appropriate.

- ☐ Anxiety or panic attacks
- ☐ Asthma
- ☐ Blood clotting disorders, thrombosis
- ☐ Chronic lung disease
- ☐ Depression
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart disease
- ☐ Hepatitis A (Yellow Jaundice)
- ☐ High blood pressure
- ☐ HIV/Aids
- ☐ Joint problems
- ☐ Mastectomy
- ☐ Mental illness
- ☐ Psoriasis
- ☐ Pulmonary embolism
- ☐ Schizophrenia
- ☐ Splenectomy
- ☐ Stomach ulcer
- ☐ Tendency to get chest infections
- ☐ Thymectomy
- ☐ Weakness of the immune system
- ☐ Other______________________

Hospital Stay

Have you been to hospital in the last six weeks or are you planning to be in hospital in the next six weeks? ☐ Yes ☐ No

Allergies

Please tick as appropriate.

- ☐ Iodine
- ☐ Neomycin
- ☐ Band aids
- ☐ Bee stings
- ☐ Eggs
- ☐ Gelatine
- ☐ Latex
- ☐ Penicillin
- ☐ Sulphur drugs
- ☐ Other______________________

Have you ever felt faint or fainted after an injection, blood test or giving blood? ☐ Yes ☐ No

Are you taking any medication now (e.g. Contraceptive pill, antibiotics) or do you occasionally take medication (e.g. migraine tablets, ventolin, warfarin, vitamins)? ☐ Yes ☐ No
If yes, please provide details below

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Did you miss any of the usual childhood vaccines? ☐ Yes ☐ No

Do you have any particular health concerns regarding this trip? ☐ Yes ☐ No
If yes, please provide details below

____

Women only

Are you breast feeding or could you be pregnant now, or plan to become so, within 3 months of your return? ☐ Yes ☐ No

What is the main purpose of your trip

Please tick as appropriate.

- ☐ Business Trip
- ☐ Holiday
- ☐ Visiting Family
- ☐ Visiting Friends
- ☐ Other________________________

What type of accommodation

Please tick as appropriate.

- ☐ Air-conditioned hotel
- ☐ Budget
- ☐ Camping
- ☐ Private Home
- ☐ Other________________________

Will you be undertaking any adventure activities

Please tick as appropriate.

- ☐ Climbing
- ☐ Scuba Diving
- ☐ Trekking
- ☐ Other________________________

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Please use this page to add any extra information you may require

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