

Dispensary Use only

Dispensary Use only

PLEASE READ BEFORE COMPLETING FORM

Please complete form and return to **Kepple Lane Dispensary / Pharmacy**. The pharmacist will review the information and make contact in **seven working days** to arrange a travel consultation.

Type of Travel Enquiry

Vaccination Enquiry

Malaria Enquiry

Vaccination Booster

Other Travel Enquiry

Personal Details

Name

Male

Female

Address

Contact Tel/Mob

Date of Birth

NHS number (if known)
GP/Surgery**Date of trip**

Date of Departure

Return Date or overall length of trip

Details of Trip

Countries/Region/City to be visited

Length of stay

Countries/Region/City to be visited

Length of stay

1.

4.

2.

5.

3

6.

Please tick as appropriate below to best describe your trip

Holiday Type

Package

Self Organised

Backpacking

Camping

Cruise type

Trekking

Accommodation

Hotel

Relatives / family home

Hostel

Other

Travelling

Alone

With family/friends

In a group

Area of stay

Urban

Rural

Altitude

Planned activities

Safari

Adventure

Voluntary/Charity

Medical History

Repeat prescribed medication

Previous vaccinations if known

Polio

Date

Tetanus

Date

Diphtheria

Date

Typhoid

Date

Hepatitis A

Date

Hepatitis B

Date

Meningitis

Date

Yellow
Fever

Date

Influenza

Date

Rabies

Date

Japanese B
encephalitis

Date

Tick-borne
encephalitis

Date

Cholera

Date

I agree

- That the information obtained for the consultation is accurate and correct to the best of my knowledge.
- I also agree that this information can be shared with my doctor (GP)
- I also agree that prior to the consultation access to my NHS medical records may be required to ensure an accurate assessment.

Signature.....Date.....

Dispensary Use only								
Date Received		Staff		Phone		Diary		
FOR OFFICIAL USE ONLY								
Patient Name								
Travel Consultation performed by								
Travel Vaccinations recommended for this trip								
Vaccination required	Yes	No	Vaccination Expires	Further information				
Hepatitis A								
Hepatitis B								
Typhoid								
Tetanus/Diphtheria/Polio								
Yellow Fever								
Rabies								
Cholera								
Japanese B Encephalitis								
Meningitis ACWY								
Tick-Borne Encephalitis								
Others								
Vaccinations administered								
Vaccine /Brand ,Left Arm / Right Arm, Other info/Batch No./ Expiry Date etc								
						Consent?		
						Medical Conditions?		
						Pregnant?		
						Allergies / ADRs ?		
						Anticoagulant? Antiplatelet?		
						Chaperone?		
Malaria prevention advice and chemoprophylaxis								
Atovaquone & Proguanil		Chloroquine & Proguanil		Mefloquine				
Doxycycline		Chloroquine		Low Risk/ Advice				
Other Comments								
Telephone Consultation					Consultation in Pharmacy			