Castle Gardens Surgery
Travel Advice/Vaccination Request Form

Please complete this form as fully as possible so that your needs and risks can be assessed. Treatments cannot be initiated without it.

Allow 3 working days after submission before contacting the surgery for advice on what type of consultation is recommended.

Six to eight weeks' notice prior to travel is advisable, so that complex schedules of vaccinations can be accommodated. Not all vaccinations are available on the NHS. The nurses will advise you of any anticipated fees when planning treatment, so that you can make appropriate choices.

NAME:	AGE:	MALE / FEMALE
D.O.B: ADDRESS: DEPARTURE DATE:	G.P: CONTACT NUMBERS: RETURN DATE:	

ITINERARY: Please include all stop overs, planned excursions e.g. famous tourist spots/waterfalls/canyons/mountains etc.

COUNTRY	RESORT	DATES	NOTES THAT MAY BE HELPFUL

PLEASE TICK ANY OF THE FOLLOWING TO BEST DESCRIBE YOUR TRIP:

BUSINESS	SELF ORGANISED	FESTIVAL	SOLO	BEACH
PLEASURE	URBAN	YOUTH TYPE	IN A GROUP	ISOLATED
SCHOOL TRIP	RURAL	CLUBBING	WITH PARTNER	USEFUL NOTES
VISITING FRIENDS/FAMILY	SAFARI	TREKKING	HOTEL (WHAT STAR)	
BUDGET	ALTITUDE	CLIMBING	HOSTEL	
ALL INCLUSIVE	BOATING	BACK PACKING	B + B	
PACKAGE	CAMPING	ADVENTURE	SKIING	
CRUISE	CARAVANNING	SPORTS	WATER ACTIVITIES	**P.T.O**

ARE YOU PLANNING ANY OF THE FOLLOWING?			
A TATTOO	YES	NO	POSSIBLY
BODY PIERCING	YES	NO	POSSIBLY
NEW RELATIONSHIP	YES	NO	POSSIBLY

PLEASE DESCRIBE ANY MEDICAL HISTORY OR OPERATIONS	DATES IF KNOWN

PLEASE LIST ANY MEDICATIONS THAT YOU USE, BOTH PRESCRIBED AND NON PRESCRIBED

PLEASE LIST ANY KNOWN ALLERGIES

WOMEN ONLY ARE YOU	PREGNANT	YES	NO	
	PLANNING A PREGNANCY AROUND YOUR TRAVEL	BEFORE	DURING	AFTER
	WHAT CONTRACEPTION DO YOU USE?			
	DO YOU NEED CONTRACEPTION?			

DO YOU HAVE ADEQUATE TRAVEL INSURANCE? (PLEASE REMEMBER THAT ANY BABY BORN WHILE ABROAD MAY NOT BE COVERED BY YOUR OWN POLICY.)	
YES	TO BE ARRANGED STILL

IF TRAVELLING IN EUROPE, DO YOU HAVE AN EHIC CARD?	YES	NO

ANY OTHER COMMENTS TO HELP US ASSESS YOUR RISKS AND NEEDS.

PLEASE SIGN AND DATE THIS FORM WHEN YOU RETURN IT TO RECEPTION	
SIGNED	DATE

OFFICE USE ONLY

PLEASE USE OFFICE DATE AND STAMP AND SIGN WHEN THIS FORM IS HANDED INTO RECEPTION FOR ASSESSMENT.
PLEASE PASS TO NURSES ON THE SAME DAY WITH PAPER RECORDS.

DATE STAMP	SIGNED