

BARRINGTON MEDICAL CENTRE TRAVEL HEALTH QUESTIONNAIRE

It is essential we know not only the country you are intending to visit but the provinces. Risks of various diseases can vary within some countries. Please complete the form below. A travel nurse will then contact you within 3 working days to make the necessary appointments.

PLEASE NOTE, There is a \$70 fee for this service, when this form is returned, whether or not you proceed to vaccinate. There are extra charges for each additional family member; Adults \$30, Children \$20.00. Each vaccination will also have a charge. Full payment for vaccines are required on day of consultation.

I.....(patients name) have read the above and agree to pay the above mentioned fee for completion of this questionnaire

Patient's Label (office use)

Phone Contact Details:

Male

Female

GP:

Today's Date:

If female, is it possible you could be pregnant?

Yes

No

DETAILS OF PROPOSED TRAVEL

List countries to be visited in order of visit

Date Travel Commences:

| Country & Provinces/Cities | Rural/Urban | Length of Stay | Accommodation eg.backpackers, hotel etc | Activities eg. Diving, snorkeling, climbing etc |
|----------------------------|-------------|----------------|---|---|
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LIST ANY: Medications being taken, Allergies and Pre-existing Medical Conditions

Vaccinations Previous / Recommended / Administered / Declined

| Vaccination Name | Previous | Date | Recommended | Date | Given | Declined |
|---|----------|------|-------------|------|-------|----------|
| Hep A | | | | | | |
| Hep B | | | | | | |
| Typhoid | | | | | | |
| Polio | | | | | | |
| Diphtheria/Tetanus | | | | | | |
| MMR | | | | | | |
| Meningitis | | | | | | |
| Malarial Prophylaxis | | | | | | |
| Yellow Fever | | | | | | |
| Other eg: Rabies Japanese Encephalitis Flu Pneumovax TB Cholera | | | | | | |

| General Information | Doctor's Signature: |
|---------------------|---------------------|
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BARRINGTON MEDICAL TRAVEL CONSULTATION & VACCINE COSTS

Travel Consultation Charges

| | | | |
|---|-------------|------------------------------|-------|
| Nurse Travel Consult / Form | \$70.00 | <input type="checkbox"/> | NUR1 |
| Additional Adult | \$30.00 | <input type="checkbox"/> | NURTF |
| Additional Child | \$20.00 | <input type="checkbox"/> | NURTC |
| Medication Script, eg antimalarial script | \$18.00 | <input type="checkbox"/> | |
| Doctor's Appointment, if required | \$50.00 | <input type="checkbox"/> | |

Vaccine Costs

| | | | |
|---|--------------|------------------------------|------------|
| Adacel Polio | \$95.00 | <input type="checkbox"/> | ADACEL |
| Boostrix | \$50.00 | <input type="checkbox"/> | BOOS |
| Dukoral | \$70.00 | <input type="checkbox"/> | DUK |
| Flu | \$30.00 | <input type="checkbox"/> | F |
| Hep A: Adult - | \$95.00 | <input type="checkbox"/> | HAV |
| Child - | \$95.00 | <input type="checkbox"/> | AVAX |
| Hep B | \$40.00 | <input type="checkbox"/> | HEPB |
| Hepatitis A & Typhoid (Hep A & Typhoid) | \$148.00 | <input type="checkbox"/> | HEPAT |
| Japanese Enc | \$190.00 | <input type="checkbox"/> | JAPENC |
| Polio | \$66.00 | <input type="checkbox"/> | IPV |
| Rabies | \$150.00 | <input type="checkbox"/> | RABIES |
| Tetanus & Diphtheria | \$30.00 | <input type="checkbox"/> | ADTT |
| Typherix | \$60.00 | <input type="checkbox"/> | TYPH |
| Twinrix (Hep A & B) | | | |
| Adult | \$100.00 | <input type="checkbox"/> | TWIN |
| Child | \$55.00 | <input type="checkbox"/> | TWINJ |

Note: Boosters and rapid courses are required for some immunisations. These will also incur a charge as above.

Office Use Only:

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|---|
| Patient Informed <input type="checkbox"/> |
| |
| Patient Label: |