

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 \$75 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

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:

BARRINGTON MEDICAL TRAVEL CONSULTATION & VACCINE COSTS

Travel Consultation Charges

Nurse Travel Consult / Form	\$75.00	<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
Bexsero	\$145.00	<input type="checkbox"/>	BEX
Boostrix	\$50.00	<input type="checkbox"/>	BOOS
Dukoral	\$70.00	<input type="checkbox"/>	DUK
Flu	\$30.00	<input type="checkbox"/>	F
Havrix Junior Child	\$60.00	<input type="checkbox"/>	Havrix Junior
Hep A: Adult -	\$97.00	<input type="checkbox"/>	HAV
Hep A: Child -	\$60.00	<input type="checkbox"/>	AVAX
Hep B	\$40.00	<input type="checkbox"/>	HEPB
Hepatyrix/Vivaxim (Hep A & Typhoid)	\$148.00	<input type="checkbox"/>	HEPAT
Japanese Enc	\$190.00	<input type="checkbox"/>	JAPENC
Menactra	\$150.00	<input type="checkbox"/>	MENA
Polio	\$70.00	<input type="checkbox"/>	IPV
Rabies	\$155.00	<input type="checkbox"/>	RABIES
Tetanus & Diphtheria	\$30.00	<input type="checkbox"/>	ADTT
Typherix	\$65.00	<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:

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