

GRANGE MEDICAL GROUP

TRAVEL CLINIC QUESTIONNAIRE

1 Beaufort Road, Edinburgh, EH9 1AG Tel.: 0131 4471646

Please note that the travel clinic is **NOT** an **NHS Service** and will incur a charge

GOING ABROAD? You may need travel vaccinations depending on your destination(s).

To help us advise you on the protection you need, please complete this questionnaire and return it to the practice **AT LEAST 6 WEEKS BEFORE** your trip. We will then research your travel requirements. Please phone the surgery **1 WEEK** after submitting the form, you will be advised of the length of appointment you may require

**NOTE - one form per traveller.
ONLY complete this side of form.**

PAYMENT:

TRAVEL CONSULTATION FEE £30*

Diphtheria, Tetanus, Polio | free

Hepatitis A, Typhoid | free

*Hepatitis B, Rabies and Meningitis will require a private prescription for you to buy vaccines from the local pharmacy. Our fee includes the charge for administering these vaccines.

	ADULT	CHILD
Anti-malarial Prescription	£20	£15
Fit to Fly Letter	£10	£10

PAYMENT IN CASH or by DEBIT CARD

Date completed form submitted:

Date patient contacted re appt:

Name:

Date of Birth:

Address:

Tel.:

PERSONAL PROFILE:

TRAVEL PROFILE:

Significant past medical history:

Date of departure:

Duration of stay abroad:

Travelling to: (country, region, city – length of stay)

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Current health problems (any long term illnesses eg. Asthma, Diabetes, Heart Disease, etc.):

List any medication you are/have taken in the last 4 months:

Does your journey include:

Coastal areas: Inland areas:

Type of accommodation: (hotel, hostel, rural, etc.)

Allergies:

Reason for travel:

Pregnant: Yes No / Planning : Yes No

Breastfeeding: Yes No

Other issues:

Do you plan any safaris, jungle exploration, etc.:

I AGREE TO PAY THE £30 TRAVEL CONSULTATION & ADMINISTRATION FEE

Date:

Signature: