

International Travel Patient Questionnaire

The first step towards healthy travel is to share information. We need to know about you AND your trip. With this information, we can determine what your personal risks may be and what recommendations are best for you. This is known as “risk assessment.”

Your health:

Please indicate if you have a history of or current problem relating to any of the following. If you answer “yes” by checking the box, please describe.

- Have you been ill or had a fever in the last 2-3 days?

- Heart disease

- Kidney disease

- Liver disease

- Lung disease

- Diabetes

- Allergies
 - Eggs
 - Bees
 - Medications: _____
 - Other: _____
- Stomach/Gastrointestinal disease (i.e. Crohn’s disease, ulcerative colitis, irritable bowel)

- Immunocompromised
 - Spleen removed
 - Transplant recipient
 - Cancer/chemotherapy
 - Cirrhosis of the liver
 - HIV
- Seizure disorder or other neurologic disorders

- Problems of the thymus

- Psoriasis or other skin condition

- Mental health
 - Depression
 - Anxiety
 - Insomnia
- Blood Transfusion within the last year?

- Have you ever fainted after a shot?
- Please list ANY medications you take either regularly or occasionally:

For Women Only:

- Pregnancy (due date)

- Date of last menstrual period

- Plan to become pregnant during this trip

- History of vaginitis

- Problems with urinary tract infections

- Contraceptive measures

About your trip:

- Are you traveling with a group or alone?

- Accommodations-hotel, camping, private home?

- Business or pleasure trip?

- Visiting rural or urban areas?

Dates of your Trip:

- When do you leave?

- Is it possible this date may change and you'll leave sooner, or later?
 Yes/When: _____
- How long is your trip in days/months?

- Where are you going and how long will you stay in each area?

Why you are traveling:

- Leisure
- Adventure
- Business
- Visiting friends and/or relatives
- Military
- Airline Crew
- Expedition
- For a long time...or living abroad
- International adoption
- Missionary
- Research
- Other _____

Your plans include:

Have you panned (or will you plan) specific activities in each country?

- Excursions or side trips
- Safari
- A trip to the beach
- Scuba diving/snorkeling
- Biking
- Hiking

- Rafting
- Sporting events

Getting from Point A to B:

- What is your planned "mode" of transportation once you arrive?

- Do you plan on renting a car for side trips?

- Will you ride on a motorcycle or scooter?

Immunizations: Year:

- Tetanus/diphtheria

- Polio

- Hepatitis A (2 shot series)

- Hepatitis B (3 shot series)

- Typhoid (pills or injection)

- Flu

- MMR (measles, mumps, rubella)

- Pneumonia

- Rabies

- Yellow fever

- Japanese Encephalitis

- Chickenpox

- Meningococcal

Notes:

Signature

Date

Reviewed By:

Date