

Travel Health – General Information for Patients

Our practice nurses provide travel health consultations. A double appointment is required for all patients in need of travel advice.

Patients are advised to attend 8 weeks prior to travel to ensure optimum travel health cover.

Patients are asked to complete a pre-travel risk assessment form before they are seen. These forms are available from the Reception desk.

We use 'fitfortravel'*, the travel health information website for NHS health professions to access up to date worldwide travel health requirements.

We can give the following routine travel vaccinations:

- Hepatitis A
- Diphtheria/tetanus/polio
- Typhoid

Patients often need Hepatitis B. The practice needs to make a charge of £15 for a private prescription for Hepatitis B vaccination, as this is not available free of charge to travellers.

We do not administer non-routine immunisations which include Yellow Fever, rabies, Japanese B Encephalitis, Meningitis ACWY. Anyone travelling to exotic destinations and high risk countries requiring any of these injections can attend the MASTA clinic in Newcastle or Lloyds Pharmacy or Superdrug travel clinics.

We provide up-to-date information on malaria and anti-malarial medication as well as advice on mosquito precautions.

There is a £15 private prescription charge for Mefloquine, Doxycycline or Malarone anti-malarial medication. This medication will need to be purchased from a pharmacy.

A prescription is not necessary for Chloroquine Plus and/or Proguanil anti-malarial medication. This can be purchased at a pharmacy.

Other useful information:

MASTA Travel Clinic, Boots, Eldon Square, Newcastle upon Tyne, NE1 7XR.

Tel: 0330 100 4272

Lloyds Pharmacy and Superdrug offer travel vaccinations – visit their websites at: www.lloydspharmacy.com and www.superdrughealth.com

*www.fitfortravel.nhs.uk is a useful website giving travel health information to anyone travelling abroad from the UK.

	Name and Date		Nurse and date		
Form checked by		Appt made		Task sent	Y <input type="checkbox"/> N <input type="checkbox"/>

**COLLINGWOOD HEALTH GROUP
TRAVEL QUESTIONNAIRE**

Important Information ... please read

In order to give the best quality advice and service, we ask that you give as much details as possible about your destination and that you submit your completed forms in good time.

WE WILL NEED 2 MONTHS NOTICE FOR BOTH SHORT AND LONG HAUL DESTINATIONS

Your forms will be dealt with by the nurses in order of date of travel/destination. You will be contacted by our reception staff to ask you to make an appointment with the nurse to have your vaccinations.

IF SUFFICIENT TIME IS NOT GIVEN YOU MAY NEED TO GO TO A TRAVEL CLINIC WHICH WILL INCUR A FEE FOR ALL INJECTIONS / MEDICATIONS

Name:		Date of Birth:	
Travel Date:		Tel. No:	
Type of Trip:	Business <input type="checkbox"/>	Pleasure <input type="checkbox"/>	Other <input type="checkbox"/>

ALL DESTINATIONS INCLUDING STOPOVERS ARE TO BE INCLUDED

Destination Town/Area/Resort	Length of stay	4-5 star hotel	Other hotel, guest house, hostel	Safari Lodge Cruise	Back- packing	Camping, sleeping rough
1						
2						
3						
4						

Medical Conditions:			
Allergies:			
Medications:			
Pregnant: Yes <input type="checkbox"/> No <input type="checkbox"/>	Breast Feeding: Yes <input type="checkbox"/> No <input type="checkbox"/>	Oral Contraception:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does having an injection make you feel faint?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any previous adverse reaction to immunisations? If YES, please state:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you taken out travel insurance and if you have a medical condition, have you informed your insurance company about this?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you previously had Anti-Malarial medication?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Possible fee advised:			Yes <input type="checkbox"/> No <input type="checkbox"/>

NURSE TO COMPLETE

Yellow Fever	Dep/Tet/Polio
Jap B Enceph	Hepatitis A
Men AC/ACWY	Typhoid
Rabies	Hepatitis B
Anti Malarials	Cholera

I confirm that I have received information on the risks and benefits of the vaccines recommended and have been advised on malaria prevention.

Signature:

Date: