

Binfield Surgery- Pre-Travel Questionnaire

Travel Clinic Information for Patients

1. Before you can be offered an appointment for travel vaccines you will need to complete and return a TRAVEL RISK ASSESSMENT FORM. This can be found on the reverse side of this letter or downloaded from our website, www.binfieldsurgery.co.uk.
2. We are unable to guarantee an appointment as our appointments get booked up very quickly. Your appointment will need to be 8 weeks prior to any planned travel. If we cannot accommodate an appointment for you, you will need to contact a private travel clinic.
3. We advise you to check and read through the website www.fitfortravel.nhs.uk for the country/countries you are travelling to. It is your responsibility to have done your own research before the appointment and to print off any recommended vaccines and your vaccine history if you have one. If you have access to the NHS app these can be found here.
4. The surgery can provide, free of charge assuming an appointment is available, the following three vaccines: Tetanus, Polio and Hepatitis A.
5. Malaria tablets can be purchased via your local pharmacist. These can be ordered online.
6. Any other vaccines required, or if we cannot accommodate an appointment for you, you will have to be booked with a private travel clinic.
7. Ringmead Medical Practice also run an NHS travel vaccine scheme and they will see patients that aren't registered with them within this clinic.
8. Binfield Surgery will only accommodate patients already registered with the surgery for the Travel Vaccines.

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TO RECEIVE TRAVEL ADVICE AND VACCINATIONS, PLEASE COMPLETE AND RETURN THIS TRAVEL RISK ASSESSMENT FORM TO THE SURGERY AND BOOK AN APPOINTMENT WITH A NURSE (IF AVAILABLE).

Name and Date of Birth	
Contact details including Telephone No & Email	
Date of Departure	
Destination (please list all Countries)	
Type of destination (Please circle)	City / Rural / Beach Resort / Other
Length of stay in each country	
Type of transport (please circle)	Air / sea / overland
Reason for trip (please circle)	Holiday / back-packing / business / VFR / aid worker / other
Type of accommodation (please circle)	Hotel / hostel / family home / camping / other
High risk activities (please circle)	None / White-water rafting / trekking / paragliding / diving / exploring / other
Previous travel vaccinations (please list dates and bring any written evidence to your appointment)	Tetanus Typhoid Polio Hepatitis A Diphtheria Malaria Tablets
Previous serious reaction to a vaccine or malaria tablets (if yes please give details)	
Current history please circle)	Fits or epilepsy / psoriasis / diabetes / heart problems / chest problems / cancer treatment / recent surgery / pregnant / breast-feeding / other
Current medication (please list all drugs)	
Allergy to drugs or food (please specify)	
To be completed at time of appointment. Consent to receive travel vaccines recommended.	I have been informed of the reasons for and possible side effects of the vaccines recommended for this trip. I give my consent to receive the vaccines discussed. I give consent for my child (ren) to receive the vaccines discussed. (Please delete as appropriate)
Signature	
Name (please print)	