Dr Russell Hunter
Dr Meg Marsden
Dr Richard Murias
Dr Noella MacPherson
Dr Simone Carlotto
Dr Daniel Hourigan
Dr Paige Lanyon-Roberts

PIVOTAL health

Pre Travel Vaccination Questionnaire

We are committed to providing our patients with the best care. It is highly recommended that you see a doctor before travelling overseas. To help us ensure that we have all of the right information for you at your pre travel appointment we ask that you complete the following information form and return to reception at your earliest convenience. Please note that you may require more than one appointment to discuss your pre travel health requirements.

Could you please assist us by completing the following information	
Title	☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss
Surname	
Given Name/s	
Date of Birth	

Do you have any allergies or sensitivities to any drugs or dressings?	
☐ Yes, please specify	☐ No, Nil Known

Ladies only		
Are you currently pregnant or intending on falling pregnant?	☐ Yes	☐ No
Are you currently breast feeding?	☐ Yes	☐ No

Your Travel Plans

Please complete the following information about your upcoming trip.

Travel Dates

Date of Departure_____ Date of Return _____

Destination/s (please include **all anticipated destinations)**

Country	Town/Region	Urban/Rural	Accommodation Type	Duration

Accommodation Type: Camping= C, Hotel= H, Resort = R, Friends/Family = F, Backpacker/Hostels = H

Purpose of Travel (please tick)		Activities Planned (please tick)	
Holiday		Trekking/Camping/Backpacking	
Business		Package Holiday	
Religion		Cruise Ship	
Aid work/Missionary work		Climbing/High altitude	
Visiting Friends and/or Family		Safari	
Medical Treatment/Procedure		Health Care Work	
Other (please specify)		Sport/Diving	
		Tattoos/Body Piercing	
		Other: please specify	

Current Medication

Please list **ALL** tablets, inhalers, patches, gels, creams, or injections you currently take or use. Please include any 'natural' remedies such as herbal, homeopathic and vitamin supplements.	
Name of medication	**Dosage**

Immunisations

Are you up to date with the following immunisations?			
Tetanus	☐ Yes	☐ No	☐ Don't Know
Whooping Cough	☐ Yes	☐ No	☐ Don't Know
Influenza	☐ Yes	☐ No	☐ Don't Know
Pneumococcal	☐ Yes	☐ No	☐ Don't Know
Polio	☐ Yes	☐ No	☐ Don't Know
Hepatitis B	☐ Yes	☐ No	☐ Don't Know
If completing this form for a child, are their childhood immunisations up to date?			
	☐ Yes	☐ No	☐ Don't Know
Have you received any travel vaccinations in the past?			
	☐ Yes	☐ No	☐ Don't Know
If yes, please list	Vaccine	Date given (if known)	
Have you ever taken malaria tablets?			
	☐ Yes	☐ No	☐ Don't Know

We thank you for taking the time to complete this questionnaire. Please return this completed form to reception (via fax 07 3286 1133, email reception@pivotalhealth.com.au or hand deliver) at your earliest convenience. Please note that you may require more than one appointment to discuss your pre travel health requirements.

I, _____ (printed name) confirm that the above information is true and correct to my knowledge.

Signed: _____ Date:_____

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