



The De Parys Group



Travel Questionnaire

Please note we require 6-8 weeks' notice ahead of travel date for any travel vaccinations.

Today's date: _____

Patient Details	
Name	
Date of Birth	
NHS Number	
Address	
Contact Number	

Travel Details

1. Date of departure

2. Date of return and/ or length of trip

3. Country(s) to be visited and duration of stay in each place

4. The reason for travel is:

- ☐ Business
- ☐ Pleasure
- ☐ Visiting family/ friends
- ☐ Volunteer work
- ☐ Other

Please specify: _____

5. The accommodation during my trip includes:

- ☐ Backpacking
- ☐ Camping
- ☐ Cruise ship
- ☐ Hostel
- ☐ Hotel
- ☐ Self-organised
- ☐ Staying with family/ friends

6. I am travelling:

- ☐ Alone
- ☐ In a group
- ☐ With family/ friends

7. I am staying in areas which are:

- ☐ Urban
- ☐ Rural
- ☐ At altitude

8. Planned activities include:

- ☐ Adventure
- ☐ Diving
- ☐ Safari
- ☐ Trekking
- ☐ Water sports
- ☐ Other:

Please specify: _____

Any other relevant information about travelling/ holiday:

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Medical History

1. Please list any recent/ relevant medical history of note:

2. Please list any current medications you take:

3. Please list any allergies:

4. Are you currently pregnant, planning pregnancy or breast feeding?

5. Have you taken out travel insurance?

- ☐ Yes
- ☐ No

6. If yes, have you informed the travel insurance company of any medical conditions?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Vaccination History

1. Please give details of any previous vaccinations and dates if known.

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2. Have you ever had any adverse reactions to vaccinations previously?

☐ Yes

☐ No

If yes, please provide details:

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When you have completed all the above questions, please return the form to reception of any of our surgeries. The information will be scanned to your record and a telephone call with one of our nurses will be booked. The nurse will assess the information, discuss with you and book in any relevant vaccination appointments from here.