HEALTH HQ TRAVEL HEALTH PLAN 2019/20 **(please print clearly & fill in all details)**

YOUR DETAILS

Mr/Mrs/Ms/Miss: First Name: ....Middle Name .... Last Name: ....

Date of Birth: ....Nationality .... Are You: Aboriginal.. .... Torres Strait Islander ....

Address: .... State: .... P/Code: ....

Phone: (hm) .... (wk) .... (mobile) ....

Medicare Card/DVA #: .... Ref #: .... Expiry date: ....

Email Address: .... Occupation: ....

Next of Kin/Emergency Contact: ....Phone: ....

Relationship to Patient:..

YOUR HEALTH

Have you travelled overseas before? Yes ☐ No ☐ Where? ....

Did you have any health problems while travelling? Yes ☐ No ☐ Please specify: ....

Do you have currently **OR** have you ever had any of these medical problems? (please tick any of the following)

ASTHMA ☐	MASTECTOMY ☐	HIV/AIDS ☐	EPILEPSY ☐
DIABETES ☐	WEAKNESS OF IMMUNE SYSTEM ☐	SPLENECTOMY/THYMECTOMY ☐	DEPRESSION/ANXIETY ☐
HEART DISEASE ☐	BLOOD CLOTTING DISEASE ☐	JOINT PROBLEMS ☐	PSORIASIS ☐

Please specify any other medical conditions: ....

Any family history of a blood clotting disorder, clots in the veins or lungs (pulmonary embolus)? Yes ☐ No ☐

Have you been in hospital in the last 6 weeks? Yes ☐ No ☐

Have you ever had the disease Hepatitis A (yellow jaundice)? Yes ☐ No ☐

List any **medications/supplements** you are taking now: ....

List any **medications/supplements** that you take occasionally: ....

Do you have **any allergies?** Yes ☐ No ☐ If yes, what are you allergic to: ....

Have you ever felt faint or fainted after an injection or giving blood? Yes ☐ No ☐

Could you be pregnant now, or do you plan to become pregnant within 3 months of your return to Australia? Yes ☐ No ☐

Did you miss any of the usual childhood immunisations/vaccines? Yes ☐ No ☐ Which ones? ....

Please outline any particular health concerns regarding this trip: ....

YOUR TRIP

What is the main purpose of your trip? Holiday ☐ Visiting Family/Friends ☐ Business ☐ Volunteer Work ☐

Type of accommodation? Air Conditioned Hotel/Cruise ☐ Private Home/Hut ☐ Budget/Hostel ☐ Camping ☐

Adventure activities? Scuba Diving ☐ Climbing ☐ Trekking ☐ Surfing ☐ Fishing ☐ Other ☐

Who will you be travelling with? Solo ☐ Another Person/Small Group ☐ Large Organised Group ☐

How was this trip planned? Self-Planned ☐ Travel Agent/Agency ☐ Through a School/Sports Organisation ☐

Date leaving: .... Date returning: ....
Please list the order of the countries you intend to visit & how long in DAYS do you plan to spend in each of these.

1. .... DAYS ....
2. .... DAYS ....
3. .... DAYS ....
4. .... DAYS ....
5. .... DAYS ....
6. .... DAYS ....
7. .... DAYS ....
8. .... DAYS ....

HOW DID YOU FIND OUT ABOUT OUR CLINIC?

Internet Search ☐ Word of Mouth ☐ Radio ☐ Yellow or White Pages ☐ Travel Agent ☐ Other ☐

Would you like to be contacted via SMS (mobile text message) for; appointment reminders, recall and other test reminders or medical services we offer ? Yes / No

Please note: There will be costs associated with your appointment. Please ask reception

Have you ever been to another travel doctor? Yes ☐ No ☐ Name...

Would you like to subscribe to our **FREE** TMA email newsletter? Yes ☐ No ☐

Your signature (or parent/guardian if under 16) : .... Date: ....

OFFICE USE ONLY **PRACTIX** ☐ **INITIALS** __________