**Travel Clinic Risk Assessment Form (tRAF)** **Date: _ _ / _ _ / 2 0 _ _**

| Patient's personal details | |
|---|---|
| Title: Mr: Miss: Ms: Mrs: Dr: | Patient address: |
| Name: | |
| Surname: | GP Name and address: |
| Email: | |
| Mobile: | Would you like your GP to be notified of this consultation? |
| Gender: M: F: D.O.B: _ _ / _ _ / _ _ | |

## Dates, itinerary and purpose of trip

Date of departure: Return date or overall length:

| Country to be visited | Length of stay | Remote? Trek? Medical access? Altitude? |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

5. Mode of transport:

## Personal medical history

| *Tick which of the following applies to you* | Yes | No | Details (reconfirmed at each appointment) |
|---|---|---|---|
| Are you feeling well today? | ☐ | ☐ | |
| Have you had any immunisations in the past 4 weeks? | ☐ | ☐ | |
| Do you have any recent or past medical history of note? | ☐ | ☐ | |
| Do you take any current or repeat medicines or are you taking halofantrine? | ☐ | ☐ | |
| Do you have any allergies to any medicines, latex or eggs? | ☐ | ☐ | |
| Have you had a serious reaction to a vaccine, antimalarial or doxycycline before? | ☐ | ☐ | |
| Do you known if you are hypersensitive to mefloquine or related compounds (e.g. quinine, quinidine) or excipients? | ☐ | ☐ | |
| Do you or any of your family suffer from epilepsy? | ☐ | ☐ | |
| Do you have a past history of black water fever? | ☐ | ☐ | |
| Do you have severe impairment of liver function? | ☐ | ☐ | |
| Do you suffer from any blood disorders such as thalassemia or sickle cell anaemia? | ☐ | ☐ | |
| Have you recently undergone radiotherapy, chemotherapy, steroids treatment? | ☐ | ☐ | |
| Do you have any history of the following: anxiety, depression, heart, lung, spleen, liver, kidney, immunity, blood conditions, disorders, diabetes, immunity, HIV-AIDs? | ☐ | ☐ | |

## Vaccination history

Have you had a vaccine, antimalarial or doxycycline before? (Please add dates)

| | | |
|---|---|---|
| Dip Tet Polio | Typhoid | Hepatitis A |
| Hepatitis B | Meningitis | Yellow Fever |
| Rabies | Jap B Encephalitis | Influenza |
| Shingles | Meningitis B | Tick Borne Encephalitis |
| MMR | Chickenpox | |

Other…….. Malaria Tablets……

## Women only

| *Tick which of the following applies to you* | Yes | No | Details (to be reconfirmed at each appointment) |
|---|---|---|---|
| Are you pregnant or planning a pregnancy? | ☐ | ☐ | |
| Are you breastfeeding? | ☐ | ☐ | |

## Please write below any further information which may be relevant e.g. medicines, conditions…

**FOR OFFICIAL USE**

**Consultation Record**

**For each consultation add:**
date, batch No, expiry date, administration site and patient consent signature

| Vaccine | Consultation 1 | Consultation 2 | Consultation 3 | Price |
|---|---|---|---|---|
| Dip / Tet / Polio | | | | |
| Typhoid | | | | |
| Hepatitis A | | | | |
| Hepatitis B | | | | |
| Meningitis | | | | |
| Rabies | | | | |
| Cholera | | | | |
| Yellow Fever | | | | |
| Other ..... | | | | |
| Other ..... | | | | |

| Malaria Oral Medicine | Date | Quantity | Details | Price |
|---|---|---|---|---|
| Atovaquone + Proguanil | | | | |
| Lariam (mefloquine) | | | | |
| Doxycycline | | | | |
| Paludrine (chloroquine + proguanil) | | | | |
| Chloroquine | | | | |

**Total price……..**

**Additional travel advice:**

| | | | | | |
|---|---|---|---|---|---|
| Water and personal hygiene | ☐ | Travellers' diarrhoea | ☐ | Hepatitis B and HIV | ☐ |
| Insect bite prevention | ☐ | Animal bites | ☐ | Accidents | ☐ |
| Insurance | ☐ | Air travel | ☐ | Sun and heat protection | ☐ |

**Notes:**

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**PATIENT CONSENT**

I have received information on the risks and benefits of the medicines recommended and fully understand them. I have also had the opportunity to ask questions. I consent to the recommended medicines being given at each appointment.

Patient / Guardian signature..... /..... /..... Date.....

Pharmacist's signature...../..... /..... Date.....

Do you consent for our pharmacy and/or our authorising medical agency to contact you regarding customer satisfaction? **Yes / No**