Boronia Medical Centre
Pre-Travel Assessment Form

Please complete this form (time permitting) prior to your consultation and hand it to the doctor when you are called in.
If this is your first ever visit to Boronia Medical Centre, please complete the accompanying New Patient Registration Form and return it to reception. Thank you.

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr

Surname: _____ First Name: _____

Date of Birth: _____ Occupation: _____

Address: _____

Suburb: _____ Postcode: _____

How did you discover Boronia Medical Centre's Travel Medicine service?

☐ Internet ☐ Yellow Pages ☐ BMC Staff

☐ GP Elsewhere ☐ Friend ☐ Travel Agent

☐ Other: _____

Personal Medical History:	**Y**	**N**		**Y**	**N**
Are you well today?	☐	☐	Have you received any vaccines in the past month?	☐	☐
Is your health generally good?	☐	☐	Have you had your spleen removed or a problem with your spleen?	☐	☐
Have you ever fainted or felt unwell soon after an injection?	☐	☐	Do you have any history of Guillain-Barre Syndrome?	☐	☐
Have you ever experienced a severe reaction to a vaccine?	☐	☐	Do you or a close family member have epilepsy?	☐	☐
(WOMEN ONLY): Could you be pregnant now or plan to while away?	☐	☐	Are you a smoker?	☐	☐
Does anyone with lowered immunity live at home with you?	☐	☐	Have you ever experienced clots/DVT?	☐	☐
Are you allergic to eggs?	☐	☐	Are you over 65 years?	☐	☐
Do you have impaired immunity?	☐	☐	Do you work in health / residential care / hospitals / child care?	☐	☐
Do you have any allergies? Please list: _____	☐	☐	Have you received any blood products or has a blood transfusion in the past year?	☐	☐

Please list any medical / health problems including past history:

_____

_____

_____

_____

Please list all current medications:

_____

_____

_____

_____

Date of Departure: _____ **Length of Stay: _____**

Please list all the countries you will be visiting in order of visits:	**Duration (Days / Weeks / Months)**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Please tick *any* of the following which apply to your trip:

Holiday:

☐ **Package**	☐ **Self-Organised**	☐ **City**	☐ **Rural**
☐ **Trekking**	☐ **Adventure**	☐ **Backpacking**	☐ **Camping**
☐ **Cruise Ship**	☐ **River Cruise**	☐ **High Altitude**	☐ **Safari**
☐ **Jungle**	☐ **Diving**	☐ **Visiting Family**	☐ **Handling Animals**
☐ **Visiting Bat Cave**	☐ **Swimming in river**	☐ **Swimming in Sea**	☐ **Visiting Monkeys**
☐ **Swimming at Hotel**			

☐ **Other: _____**

Business Trip:

☐ **Onshore**	☐ **Offshore**	☐ **Rig**	☐ **Vessel**
☐ **City**	☐ **Rural**	☐ **Other: _____**	

Voluntary Trip:

☐ **Missionary**	☐ **Hospital**	☐ **Classroom**	☐ **Building**
☐ **Visiting Slum/s**	☐ **Visiting Orphanage**	☐ **Other: _____**	

Accommodation Type:

☐ **Hotel**	☐ **Friend**	☐ **Relative**	☐ **Backpackers'**
☐ **Cruise Ship**	☐ **River Cruise**	☐ **Train**	☐ **Tent**
☐ **Cabin**	☐ **Other: _____**		

Please hand this form to the doctor when you are called in, thank you.