



DOT TRAVEL CLINIC - TRAVEL MEDICINE QUESTIONNAIRE

PLEASE CLEARLY PRINT ALL INFORMATION

(This form should be completed by the patient and returned 2 days prior to appointment date
or attached to email: travel@dotmedical.com.au)

If you have any questions or need help with this questionnaire,
please call or friendly staff on: **07 5470 2211**

DOT TRAVEL CLINIC - TRAVEL MEDICINE QUESTIONNAIRE

Date:	
Patient name:	
DOB:	
Date of Departure:	
Your regular GP details:	
Contact Phone:	
Emergency Notification Phone:	

Health Background

Current Medical Conditions

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Past Medical Conditions or Operations:

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Allergies (medications, vaccines, egg, latex, other):

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Current Medications (prescribed and over-the-counter):

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Immunisation History (dates if known please)

Tetanus	Diphtheria
Pertussis (whooping cough)	Measles
Mumps	Rubella (German measles)
Varicella (chicken pox)	Polio
Influenza	Pneumonia
Meningitis	Hepatitis B
Hepatitis A	Typhoid
Zoster (Shingles)	Cholera
HPV	Rabies
Japanese B Encephalitis	Yellow Fever
Tuberculosis (BCG)	Tick Encephalitis
Other	

Specific Conditions (Write details if answer yes)

	YES	NO
Pregnancy		
Breastfeeding		
Disability		
Immune deficiency (eg HIV, steroid therapy, immunosuppressant therapy eg. for rheumatoid arthritis etc)		
Present or past history of psychiatric illness (including depression, anxiety, bipolar etc)		
Seizures, fits, head injury		
Recent surgery (within last 3 months)		
Recent heart condition/illness		
Recent lung/chest/breathing illness		
Stroke or TIA		
DVT (Deep Vein Thrombosis) or PTE (Pulmonary Thrombo-embolism)		

Previous Travel

Experience with malaria tablets previously?

If yes, name of drug:

Any side-effects?

Previous experience with altitude, and any problems?

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Any previous travel-related illnesses?

Trip Details

Countries and regions on itinerary, in chronological order

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Rural or Urban travel?

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Duration of trip/time to be spent in each location?

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Season of travel?

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Purpose of Travel (please tick)

	YES
Tourism	
Business	
Visiting friends and relatives	
Volunteer, missionary, or aid work	
Research or education	
Adventure	
Pilgrimage	
Adoption	
Seeking health care (medical tourism)	

Travel style

- Independent travel or Package tour

- Modes of transportation

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- Accommodations (eg luxury hotel, guest house, hostel, tent, host home)

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Special Activities (please tick)

	YES
Disaster relief	
Medical care (providing or receiving)	
High altitude or climbing	
Diving	
Cruise ship	
Rafting	
Cycling	
Extreme sports or Adventure activities	
Camping	

Any additional information?

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Any further issues/questions you would like to discuss?

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Thank you for completing our Travel Medicine Questionnaire

We look forward to your appointment at DOT Travel Clinic – Doctors of Tewantin

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travel@dotmedical.com.au

