



DOT TRAVEL CLINIC
PATIENT QUESTIONNAIRE

PLEASE CLEARLY PRINT ALL INFORMATION

This form should be completed by the patient and **returned at least 2 days** prior to appointment date as hard copy or by email to travel@dotmedical.com.au

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

PATIENT DETAILS

Date	
Patient name	
DOB	
Contact phone number(s)	
Email address	
Your regular GP details	
Emergency Notification /NOK phone	
Date of departure	

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)

Vaccination	Date given	Vaccination	Date given
Diphtheria		Measles	
Tetanus		Mumps	
Pertussis (Whooping Cough)		Rubella (German Measles)	
Polio		Varicella (Chickenpox)	
Influenza		Pneumovax (Pneumonia)	
Meningitis (B, ACWY)		Hepatitis B	
Hepatitis A		Typhoid	
Zoster (Shingles)		Cholera + ETEC	
HPV		Rabies	
Japanese Encephalitis		Yellow Fever	
TB (BCG)		Tick Encephalitis	
Mantoux		Other	

Specific Conditions

	YES	NO
Pregnancy		
Breastfeeding		
Disability		
Immune deficiency (eg HIV, steroid therapy, immunosuppressant therapy 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), PTE (Pulmonary Thrombo-Embolism) or clotting disorder		
Other		

Previous Travel

Experience with **MALARIA TABLETS** previously?

If yes, name of

drug:

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Any side-

effects?

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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 or relatives	
Volunteer, missionary or aid work	
Research or study	
Adventure	
School group	
Seeking health care/surgery (medical tourism)	
Other	

Travel style

Independent travel Y / N Organised Tour Y / N Other

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
High altitude trekking or climbing	
Diving	
Cruise ship	
Cycling	
Extreme sports/adventure	
Camping	
Rafting	
Disaster relief/Aid work	
Other	

Any additional information?

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Any further issues you would like to discuss?

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Thank you for completing our Travel Patient Questionnaire

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

Please ensure this questionnaire is returned **at least 2 days prior to your appointment date**

DOT Travel Clinic

Doctors of Tewantin

22 Doonella Street

Tewantin 4565

Ph: 5470 2211

www.dotmedical.com.au/travel-clinic

email : travel@dotmedical.com.au

