**Belgrave Medical Centre**

**Travel Risk Assessment Form**

|  |  |
| --- | --- |
| Name: | Date of birth: |
| Male [ ]  Female [ ]  |
| Email: | Telephone number: |
| Mobile number: |
| **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP:** |
| Date of departure: | Total length of trip: |
| Country to be visited | Exact location/region | City or rural | Length of stay |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| Type of travel and purpose of this trip – please tick all that applyHoliday [ ]  Staying in hotel [ ]  Back packing [ ] Business trip [ ]  Cruise ship [ ]  Camping/hostels [ ] Expatriate [ ]  Safari [ ]  Adventure [ ] Volunteer work [ ]  Pilgrimage [ ]  Diving [ ] Healthcare worker [ ]  Medical tourism [ ]  Visit friends/family [ ]  |
| Have you taken out insurance for this trip? | YES [ ]  | NO [ ]  |  |
| Do you plan to travel abroad again in the future? | YES [ ]  | NO [ ]  | DETAILS |
| **WOMEN ONLY PLEASE ANSWER EACH QUESTION** |
| Are you pregnant | YES [ ]  | NO [ ]  |
| Are you breastfeeding | YES [ ]  | NO [ ]  |
| Are you planning a pregnancy whilst away | YES [ ]  | NO [ ]  |
| **PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES WHICH YOU HAVE** |
|  |
| **PLEASE SUPPLY DETAILS OF ANY MEDICATIONS YOU ARE TAKING WHICH ARE NOT PRESCRIBED BY US HERE AT THE SURGERY** |
|  |
| **PLEASE NOTE ANY OTHER INFORMATION YOU WISH US TO BE AWARE OF BELOW** |
|  |
| **CURRENT HEALTH** |
| Are you fit and well today? | YES [ ]  | NO [ ]  |
| If No, please give further details |