

Llandrindod Wells Medical Practice

Travel Risk Assessment Form – to be completed by patient prior to appointment

Name:	Date of birth:
E-mail:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Telephone Number:	Mobile Number:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW

Country to be visited	Exact Location or region	City or Rural	Date of travel	Length of stay
1.				
2.				
3.				

Have you taken out travel insurance for this trip?

Do you plan to travel abroad again in the future?

TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY

Holiday	Staying in hotel	Backpacking	ADDITIONAL INFO
Business Trip	Cruise ship trip	Camping/hostels	
Expatriate	Safari	Adventure	
Volunteer Work	Pilgrimage	Diving	
Healthcare Work	Medical Tourism	Visiting friends/family	

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY

	YES	NO	Details
Are you fit and well today			
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, including e.g. your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding / clotting disorders (inc. history of DVT)			
Heart disease (e.g. angina, high blood pressure)			
Diabetes			
Disability			
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			

Created by Llandrindod Wells Medical Practice 2017

Your information will be processed confidentially, securely and in accordance with the General Data Protection Regulation (GDPR).

