



# The Crown Medical Centre

Venture Way, Taunton, TA2 8QY

Tel: 01823 282151

Fax: 01823 250179

## PRE TRAVEL ASSESSMENT FORM

Date Received: \_\_\_\_\_

### PERSONAL DETAILS:

Name		Home Nmb	
Date of birth		Mob Nmb	
Age		Occupation	

### TRAVEL DETAILS:

Destination								
Date of travel								
Journey Purpose								
Travelling with?	Alone	<input type="checkbox"/>	Family	<input type="checkbox"/>	Friends	<input type="checkbox"/>	Colleague	<input type="checkbox"/>

Please indicate type of trip:

Package	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>	Expedition/Adventure	<input type="checkbox"/>	Aid Worker	<input type="checkbox"/>	Cruise	<input type="checkbox"/>
Pilgrimage	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Visiting Friends & Family	<input type="checkbox"/>	Charity	<input type="checkbox"/>	Cycling	<input type="checkbox"/>
Self-catering	<input type="checkbox"/>	Diving	<input type="checkbox"/>	Climbing/Mountaineering	<input type="checkbox"/>	Marathon	<input type="checkbox"/>		
Other:									<input type="checkbox"/>

Will you be in transit in any country before reaching your destination for 12 hours or more? Yes ☐ No ☐

Country	Arrival Date	Accommodation Style	Length of Stay

### MEDICAL HISTORY:

Do you have any of the following?	Yes	No
Any history of respiratory illness? E.g. Asthma/COPD		
Any history of heart disease or high blood pressure?		
Any history of diabetes or epilepsy?		
Any history of gastro-intestinal illness, liver or kidney disease?		
Any history of chemotherapy, radiotherapy or steroid treatment?		
Any history of immunosuppression e.g. thymus disorder or HIV/AIDS?		
Any history of mental health (psychiatric) illness e.g. depression?		
Are you breastfeeding, pregnant or planning a pregnancy?		
Do you have any allergies? If yes, please list		
Are you taking any medication? Prescribed or other? If yes, please list		
Do you have any significant medical history not mentioned above? If yes, please state		

### CONSENT:

Signature of patient		Date	
Signature of parent/guardian			

Partners: Dr L Pendered, Dr A Lambert, Dr T Langston, Dr K Foot, Dr R Moss & Dr H Jenkins  
Salaried GP's: Dr A Foster & Dr C Jennings  
Managing Partner: Mrs C Gregory



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Package	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>	Expedition/Adventure	<input type="checkbox"/>	Aid Worker	<input type="checkbox"/>	Cruise	<input type="checkbox"/>
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Country	Arrival Date	Accommodation Style	Length of Stay

### MEDICAL HISTORY:

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Any history of chemotherapy, radiotherapy or steroid treatment?		
Any history of immunosuppression e.g. thymus disorder or HIV/AIDS?		
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Signature of patient		Date	
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Fax: 01823 250179

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Age		Occupation	

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Country	Arrival Date	Accommodation Style	Length of Stay

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Signature of patient		Date	
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Fax: 01823 250179

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