



WORLDWISE
Travellers Health & Vaccination Centres

For Clinic Use:

Moorhouse Medical, 3 Pilgrim Place, Christchurch

TRAVELLERS CONSULTATION FORM

Family Name:		First Name:	Age:
Address:		Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
E-mail:			
Phone: (cell)		(work)	(landline)
Occupation:		Company:	
Nationality:		Country of birth:	
General Practitioner:		Consent for notes to be sent to GP Y/N	
YOUR HEALTH			
Have you travelled to less developed countries before?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or have you any PRESENT or PAST medical conditions? e.g. asthma, blood clots, heart disease, high blood pressure, diabetes, stomach ulcer, cancer, mastectomy, splenectomy, epilepsy, depression, anxiety, mental illness, thymus disorder, weakness of immune system, HIV/AIDs? Please List:			
Do you have a family history of blood clots, depression, anxiety or mental illness?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you regularly or do you occasionally take medication (prescription or non-prescription)? Please list:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any allergies? e.g. eggs, medications, latex, band-aids? Please list:			
Have you been an inpatient in hospital or unwell in the last three months?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever fainted or felt faint after an injection?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Women only:			
Are you pregnant or contemplating pregnancy while travelling or within 3 months of your return?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you have all your routine childhood vaccinations?			Don't Know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
YOUR TRIP		Clinic Use	
Please list in order the countries you are planning on visiting and for how long (weeks):			
Type and purpose of your trip: Holiday <input type="checkbox"/> Visiting Family/Friends <input type="checkbox"/> Business <input type="checkbox"/> Independent <input type="checkbox"/> Organised tour <input type="checkbox"/> Accommodation: Camping <input type="checkbox"/> Hostel/Back-packers <input type="checkbox"/> Budget Hotel <input type="checkbox"/> Resort/High end hotel <input type="checkbox"/> Private Home <input type="checkbox"/> Planned Activities: Tramping/Trekking <input type="checkbox"/> Rafting <input type="checkbox"/> SCUBA diving <input type="checkbox"/> Biking <input type="checkbox"/> Other (please specify) <input type="checkbox"/>			
Do you have any specific health concerns regarding your trip? _____			
Date leaving this city:		Date leaving NZ:	Return Date to NZ:

Informed consent: I acknowledge that the information given above is truthful. I accept all information given will be kept confidential, and will not be released without my authority. I realise that I may be given vaccinations and understand what they are for, and side effects that may be expected from them. I consent to having these vaccinations and that I understand the need to remain on-site 15 – 20 minutes post vaccination. I understand that above information may be used for research use. In the event of non-payment of monies owing by me, WORLDWISE reserves the right to pass on to me all charges related to debt collection.

Please select, then sign: SELF / PARENT / CAREGIVER(GUARDIAN) Date: _____ Signature: _____

NAME:
AGE:
VACCINATION PLANNER

Disease	Vaccination	Vaccine Hx	v1	v2	v3	v4	v5
Polio	IPV						
Tetanus & Diphtheria	ADT						
Tetanus, Diphtheria & Pertussis	Boosterix/Adacel						
Tetanus, Diphtheria, Pertussis & Polio	Adacel + Polio						
Measles, Mumps & Rubella	MMR						
Chicken Pox	Varilrix/Varivax						
Influenza	Flu Vax/Fluarix						
Hepatitis A	Havrix/Avaxim						
Typhoid	Typhim/Vivotif						
Hepatitis A & Typhoid	Vivaxim/Hepatyrix						
Hepatitis B	Engerix						
Hepatitis A / B	Twinrix						
Meningococcal ACYW	Mencevax/Menactra						
Meningococcal C	Neisvac - C						
Rabies	Verorab ID IM						
Cholera	Dukoral						
Japanese Encephalitis	Jespect						
Yellow Fever	Stamaril						
Shingles	Zostavax						
Pneumococcal	Pneumovax/Synflorix						
Rotavirus	Rotarix						
Diphtheria, Tetanus, Hep B, Pertussis, Polio & Hib	Infanrix						
HPV	Gardasil						

Mantoux							
BCG							

CONSULTATION:

Mosquito borne illness risk:	
Malaria prophylaxis:	
Insect Avoidance:	
Food & water safety:	
DVT risk/prevention:	
Sexual Health:	
Women's Health:	
Safety & security:	
Altitude:	
Water activities:	
Medical kit:	