**PRE -TRAVEL QUESTIONNAIRE**

**Personal Details:**

Name:

Address:

DOB:

Telephone Number:

Email Address:

**Medical History:**

Medications (current and in last 12 months):

Past Medical History:

Current Health:

Any Illnesses affecting immune system?

Allergies:

Personal/Family history of mental health illness?

Have you had any travel vaccines before?

Have you got travel insurance?

Females only

Are you pregnant/planning a pregnancy?

Are you breast feeding?

Are you using contraception?

**Travel Profile:**

Date of departure?

Length of trip?

How are you travelling with?

Urban/Rural areas?

Reason for travel:

* Honeymoon?
* Holidays?
* Visiting friends/relatives?
* Aid/charity work?
* Medical treatment?
* Year out?
* Sports/adventure trip?
* Work?
* Education/conference?

Where are you travelling to?

(Please outline all stopovers/places you will visit on your trip, the more detail the better!)

* Type of accommodation?
* Any planned activities?
* Access to medical facilities?