

GADE TRAVEL CLINIC RECORD

PATIENT TO COMPLETE (Vaccination History Overleaf)

Name/Address Label	Date of Travel Occupation/Activities Abroad:			
Date of birth				
Destination(s):				
(Record no. of days in box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Trip (please tick all that apply)				Areas to be Visited		Accommodation			
Package Holiday	<input type="checkbox"/>	Immigration	<input type="checkbox"/>	Voluntary/Charity Work	<input type="checkbox"/>	Urban	<input type="checkbox"/>	Good	<input type="checkbox"/>
Cruise	<input type="checkbox"/>	Organised adventure holiday	<input type="checkbox"/>	Elective/Student	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Basic	<input type="checkbox"/>
Business < 3 months	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>	Aid Worker	<input type="checkbox"/>	Altitude > 3000m	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Business > 3 months	<input type="checkbox"/>	Visiting Family & Friends	<input type="checkbox"/>	Self Organised	<input type="checkbox"/>	Beach	<input type="checkbox"/>	Not Known	<input type="checkbox"/>

Current Health Information	YES/NO		
Pregnant ?	<input type="checkbox"/>	HIV Positive or at risk of HIV ?	<input type="checkbox"/>
Vaccinations < 3 months ?	<input type="checkbox"/>	Taken Warfarin or Steroids in last 3 months ?	<input type="checkbox"/>
Currently Unwell ?	<input type="checkbox"/>	Taking oral contraceptive ?	<input type="checkbox"/>
Previous Vaccine reaction ?	<input type="checkbox"/>	Contact with newborn or Immunosuppressed?	<input type="checkbox"/>
		Allergic to any medication or eggs ?	<input type="checkbox"/>

CLINIC USE

Vaccines Recommended:

Additional Possible Vaccines Discussed & Declined:

Malaria Prophylaxis Advised (information leaflets can be found on Fit For Travel or Gade Surgery website)

Chloroquine Proguanil Doxycycline Mefloquine Atovaquone/Proguanil None Protection

Leaflets Advised can be found on Fit For Travel or Gade Surgery website

Sun Protection	<input type="checkbox"/>	Sexually Transmitted Diseases	<input type="checkbox"/>	Women Travellers	<input type="checkbox"/>	
Insect Bites	<input type="checkbox"/>	Remote Travel	<input type="checkbox"/>	Pregnant Travellers	<input type="checkbox"/>	
Malaria Protection	<input type="checkbox"/>	Asthma & Travel	<input type="checkbox"/>	Rabies/Animal Bites	<input type="checkbox"/>	
Men travellers	<input type="checkbox"/>	Travellers Diarrhoea	<input type="checkbox"/>	Backpackers	<input type="checkbox"/>	
Contraception & Travel	<input type="checkbox"/>	Air Travel	<input type="checkbox"/>	insulin & Travel	<input type="checkbox"/>	
Disabled Travellers	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	Altitude Sickness	<input type="checkbox"/>	
Specific Diseases						
	Dengue	<input type="checkbox"/>	Schistosomiasis	<input type="checkbox"/>	Bilharzias	<input type="checkbox"/>

- I agree the above information is correct
- I agree to have the vaccines as listed above
- I understand I should use one of the malarial Chemoprophylaxis as indicated
- I understand I should read the leaflets as indicated for my protection
- I UNDERSTAND PAYMENT OF FEE IS PAYABLE BY CASH OR CHEQUE ONLY (to be paid on day of vaccination)

SIGNATURE: PATIENT/PARENT..... **NURSE:**

DATE:

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VACCINATION HISTORY *(Patient to Complete)*

N.B. Failure to provide this information may result in additional vaccination

Vaccines	Dates				
Poliomyelitis					
Tetanus					
Diphtheria/ Tetanus/ Inactivated Polio					
Typhoid <i>(Injectable)</i>					
Hepatitis A					
Hepatitis B					
Hepatitis A & Typhoid Combined					
Hepatitis A & B Combined					
Meningococcal <i>(specify type)</i>					
Japanese B Encephalitis					
Rabies					
Tick-borne Encephalitis					
Yellow Fever					
Cholera					
Mantoux					
B.C.G.					
Other					

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Patient Information

We offer a vaccination service to travellers including up-to-the minute advice on changing health risks worldwide. All travel health advice where ever possible is tailored to the individual and destination. Risks to health for a traveller will vary both between countries and within different areas of an individual country. These will be influenced by seasonal changes, mode of travel, type of accommodation and types of holiday activity. There several on line resources to furnish this necessary information and www.fitfortravel.nhs.uk or www.nathnac.org/travel should provide most information. Travel information including anti-malarial drugs can be found on www.gadesurgery.co.uk. Although we will provide some information and advice, the onus must be on the individual to understand the possible implications for health of foreign travel and prepare themselves and take the appropriate steps when abroad.

Before you can make an appointment for the travel clinic, you will need to complete and return the attached travel health questionnaire for each individual member of your party. This form requires your past vaccination history which is necessary to plan your vaccination programme. This will aid the nurse in advising you of the suitability and requirement for specific vaccinations. Your first appointment can be made when you return the forms.

The number of appointments necessary to complete a course of travel vaccinations will vary according to your itinerary, as will the cost, which will be confirmed at your appointment. If you are not up to date with your standard vaccinations these will be up dated at the same time. Charges are listed below.

Please allow at least **EIGHT WEEKS** before your travel date. WE ARE UNABLE TO GUARANTEE ASSISTANCE WITH NECESSARY TRAVEL VACCINES UNLESS SUBMITTED BY THEN. However if you are travelling last minute please fill in travel form as we maybe able to offer an appointment.

Vaccinations can also be done at Chorleywood Surgery (excluding Yellow Fever)

CHARGES

Surgery charges:

Certification (for NHS vaccinations)	£17.00
Yellow Fever	£60.00
Rabies (per dose)	£55.00
Hepatitis B (per dose)	£30.00
Meningitis (per dose)	£45.00
MMR (per dose)	£17.00
Japanese encephalitis	£100.00
Tick borne encephalitis	£60.00
Private Prescription	£17.00

Pharmacy likely charges:

Cholera (per dose)	£17.00
Malaria: (assuming two weeks in malarial area)	
Doxycycline	£10.00*
Malarone	£72.00*
Larium	£20.00*
Proguanil/Chloroquine	£15.00
*will require a prescription	

A separate charge is made for each prescription written, rather than for each item of medication. If you are able to decide on your requirements at your initial consultation, this can reduce your costs.

Please note, prices are subject to change and are displayed clearly in Reception and on our website

At your first appointment depending on your itinerary the nurse will point you to the relevant information you will require, most of which can be found on our website. Certain destinations will require malarial prophylaxis which means taking a drug to try and prevent catching malaria whilst in malarial areas. The nurse will point out which drugs are suitable and details of these drugs can also be found on our website. A prescription will be required for most of these.