THE RED HOUSE GROUP

Red House Surgery | Gateways Surgery | Park Street Surgery
www.theredhousegroup.com | redhousegroup@nhs.net

Dear Patient,

Many thanks for booking your travel clinic appointment on …….with …….

Please visit https://travelhealthpro.org.uk (or google ‘’travel health pro’’) which will give you some basic information about your destination.

Attached is a risk assessment form, it is **essential** you fill this out this form and submit it to the surgery as soon as possible. Without this form, we cannot proceed with injections.

Below is a price list of vaccinations that are available on the NHS and those that are not available on the NHS (these incur a charge).

Product	**Price**
Vaccinations	
Hepatitis A	Free
Hepatitis A Junior	Free
Diph/Tet/Polio	Free
Typhoid	Free

We hope you enjoy your holidays!

Kind Regards,

The Red House Group

TRAVEL RISK ASSESSMENT FORM – to be completed by traveller prior to appointment

Name: Email:	Date of birth:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW

Date of departure:	Total length of trip:

COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	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
☐ Business trip	☐ Cruise ship trip	☐ Camping/hostels
☐ Expatriate	☐ Safari	☐ Adventure
☐ Volunteer work	☐ Pilgrimage	☐ Diving
☐ Healthcare worker	☐ Medical tourism	☐ Visiting friends/family

Additional information

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY

	Yes	No	Details
Any allergies including food, latex, medication	☐	☐	
Severe reaction to a vaccine before	☐	☐	
Recent chemotherapy/radiotherapy/organ transplant	☐	☐	
Epilepsy/seizures	☐	☐	
Mental health issues (including anxiety, depression)	☐	☐	
Women only			
Are you pregnant?	☐	☐	
Are you planning pregnancy while away?	☐	☐	

Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?

PLEASE SUPPLY DATE ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST

Tetanus/polio/diphtheria	dd/mm/yy	MMR	dd/mm/yy	Influenza	dd/mm/yy
Typhoid	dd/mm/yy	Hepatitis A	dd/mm/yy	Pneumococcal	dd/mm/yy
Cholera	dd/mm/yy	Hepatitis B	dd/mm/yy	Meningitis	dd/mm/yy
Rabies	dd/mm/yy	Japanese Encephalitis	dd/mm/yy	Tick Borne Encephalitis	dd/mm/yy
Yellow fever	dd/mm/yy	BCG	dd/mm/yy	Other	dd/mm/yy

Malaria Tablets: dd/mm/yy

Any additional information