

## GOING ON A TRIP?

Before you pack your bags, make sure you're good to go!

Whether you're traveling for business or leisure, you want the right medical advice for your destination, activities and health status. Our travel consultations available to our enrolled patients will ensure you have a safe and problem free trip.

### WHAT TO EXPECT:

During your travel consultation you will receive medical guidance specific to your travel plans and tips on how stay healthy. For example:

- What vaccine you need to protect yourself specific to your destinations
- Food and water precautions
- When to treat travellers' diarrhoea with antibiotics
- How to protect yourself against insect-borne diseases with preventative medication and/or mosquito precautions.
- How to prevent altitude sickness, motion sickness and jet lag.
- What over-the-counter medications to take with you.

### HOW TO PREPARE:

Before booking your appointment please complete the attached questionnaire and return to Lincoln Medical either in person or by email to [admin@lincolnmedical.co.nz](mailto:admin@lincolnmedical.co.nz)

Once we have received the completed questionnaire we are able to book your 30 min appointment with the travel nurse. (Please allow up to 20 min additional wait time post vaccinations)

You can receive some or all of the recommended travel vaccinations the day of your consultation or return to complete a recommended series. For example hepatitis A is a series of 2 injections that need to be given at 2 separate visits.

### COST:

**\$60** (\$90 per couple, \$25 for each additional person) - 30 minute consultation with travel nurse

**Plus** \$20 prescriptions fee (if required)

**Plus** costs of vaccines as per recommendation

## TRAVEL ASSESSMENT FORM

Name:	Date of Birth:
	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email:	Contact phone number:

### 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	Urban or rural	Length of stay
1.			
2.			
3.			
Have you taken out travel insurance for this trip?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you plan to travel abroad again in the future?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Type of travel and purpose of trip – please tick all that apply

<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking	<u>Additional information:</u>
<input type="checkbox"/> Business trip	<input type="checkbox"/> Cruise Ship Trip	<input type="checkbox"/> camping/hostels	
<input type="checkbox"/> Expatriate	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	
<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Diving	
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Medical tourism	<input type="checkbox"/> Visiting fiends/family	

### Please supply details of your personal medical history

	YES	NO	DETAILS
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past – including your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			

Please supply details of your personal medical history				
	YES	NO	DETAILS	
Bleeding/clotting disorders (including history of DVT)				
Heart disease (eg angina, high blood pressure)				
Diabetes				
Disability				
Epilepsy/seizures				
Gastrointestinal (stomach) complaints				
Liver and or kidney problems				
HIV/AIDS				
Immune system condition				
Mental health issues (including anxiety, depression)				
Neurological (nervous system) illness				
Respiratory (lung) disease				
Rheumatology (joint) conditions				
Spleen problems				
Any other conditions				
<b>WOMEN ONLY</b>				
Are you pregnant?				
Are you breast feeding?				
Are you planning pregnancy while away?				
<b>Are you currently taking any medication?</b> (including prescribed, purchased or a contraceptive pill)				
<b>Please supply information on any vaccines or malaria tablets taken in the past</b>				
Tetanus /polio/diphtheria		MMR		Pneumococcal
Malaria tablets		Hepatitis A		Meningitis
Typhoid		Hepatitis B		Tick borne Encephalitis
Rabies		BCG		Japanese Encephalitis
Cholera		Influenza		Yellow fever
Other:				

<b>Any additional information:</b>