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### 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.

#### **HOW TO PREPARE:**

Before booking an appointment please complete the attached questionnaire and return to Lincoln Medical either in person or by email to <a href="mailto:info@lincolnmedical.co.nz">info@lincolnmedical.co.nz</a>

Based on the information provided we will assess the vaccinations and/or preventative medications required for your trip and advise you accordingly. (A \$30 administration fee applies).

We require prepayment of vaccines and will order vaccines on receipt of payment. Once we have received your confirmation (and payment) you are able to book an appointment with our nurses for vaccination (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.

Depending on your travel plans you may also require a GP/NP consultation to issue prescriptions. If this is needed our nurses will advise you accordingly and book the appointment for you.

### COST:

\$30 Administration Fee

**Plus** costs of vaccines as per recommendation **Plus** cost of GP/NP consultation if required



# TRAVEL ASSESSMENT FORM

Name:			[	Date of Birth:		
			ı	Male D	☐ Female ☐	
Email:		(	Contact	phone number:		
PLEASE SUPPLY INFORMATION ABOUT YOUR		TRIP IN	THE S	ECTIO	NS BELOW	
Date of departure:		Total length of trip:				
Country to be visited	Exact location or region	Urban or rural		al	Length of stay	
1.						
2.						
3.						
Have you taken out tra	Have you taken out travel insurance for this trip?  Yes □ No □					
Do you plan to travel a	Do you plan to travel abroad again in the future? Yes □ No □					
Type of travel and pur	pose of trip – please tic	k all th	at app	ly		
□ Holiday	☐ Staying in hotel	☐ Bac	kpacki	ng	Additional information:	
☐ Business trip	☐ Cruise Ship Trip	☐ camping/hostels				
☐ Expatriate	☐ Safari	☐ Adventure				
☐ Volunteer work	☐ Pilgrimage	☐ Diving				
☐ Healthcare worker	☐ Medical tourism	☐ 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 y						
spleen or thymus gland removed						
Recent chemotherapy/radiotherapy/organ						
transplant						
Anaemia						



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	
WOMEN ONLY	
Are you pregnant?	
Are you breast feeding?	
Are you planning pregnancy while away?	
Are you currently taking any medication?	
(including prescribed, purchased or a contraceptive pill)	

Please supply information on any vaccines or malaria tablets taken in the past					
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:					

Any additional information:					