Yellow Fever **Haltemprice Pharmacy online** **Date: _ _ / _ _ / 2 0 _ _**

Patient's personal details	
Title: Mr:▢ Miss:▢ Ms:▢ Mrs:▢ Dr:▢	Customer Address:
Name:	
Surname:	GP Name and Address:
Email:	
Mobile:	Would you like your GP to be notified of this consultation? ▢
Gender: Male:▢ Female:▢ D.O.B: _ _ / _ _ /_ _	

Dates of Trip

Date of departure	
Return date or overall length	

Itinerary and purpose of visit

Country to be visited	Length of stay	Remote? Trek? Medical access? Altitude?
1.		
2.		
3.		
4.		
5.		

Personal Medical History

Tick which of the following applies to you	Yes	No	Details (to be reconfirmed at each appointment)
Are you feeling well today? Do you have a fever?	▢	▢	
Have you had any immunisations in the past 3 weeks?	▢	▢	
Do you have any recent or past medical history of note?	▢	▢	
Do you take any current or repeat medicines?	▢	▢	
Do you have any allergies to eggs, latex, nuts or antibiotics?	▢	▢	
Have you had a serious reaction to a vaccine before?	▢	▢	
Does having an injection make you feel faint?	▢	▢	
Do you or any of your family suffer from epilepsy?	▢	▢	
Recently undergone radiotherapy, chemotherapy, steroids?	▢	▢	
Do you have a medical history of the following: anxiety, depression, heart, lung, spleen, joint, liver, kidney, immunity, blood conditions, disorders, diabetes, HIV/AIDS	▢	▢	

Please write below any further information which may be relevant e.g. medicines, conditions...

Vaccination History

Have you ever had any of the following vaccinations / malaria tablets and if so when?

Tetanus	Polio	Diphtheria
Typhoid	Hepatitis A	Hepatitis B
Meningitis	Yellow Fever	Influenza
Rabies	Jap B Enceph	Tick Borne
Other	Malaria Tablets	

Women only	Yes	No	Details (reconfirm at each appointment)
Are you pregnant or planning a pregnancy?	☐	☐	
Are you breastfeeding?	☐	☐	

FOR OFFICIAL USE

Initial consultation

Vaccine	Date	Batch No. & Expiry	Date	Batch No. & Expiry	Date	Batch No. & Expiry	Price
Dip / Tet / Polio							
Typhoid							
Combined Hep A + Typhoid							
Combined Hep A + Hep B 1st 2nd 3rd							
Hep A 1st 2nd Booster							
Hep B 1st 2nd 3rd							
Meningitis ACWY							
Rabies 1st 2nd 3rd							
Other							

Malaria Oral Medicine	Date	Quantity	Details	Price
Malarone (atovaquone + proguanil)			Daily. One to two days before, one week after.	
Lariam (mefloquine)			Weekly. 2.5 weeks before, 4 weeks after.	
Doxycycline			Daily. One to two days before, four weeks after	
Paludrine (chloroquine + proguanil)				
Chloroquine				

Total Price.....

Additional travel advice

Water and personal hygiene	☐ Travellers' diarrhoea	☐ Hepatitis B and HIV
Insect bite prevention	☐ Animal bites	☐ Accidents
Water and personal hygiene	☐ Travellers' diarrhoea	☐ Hepatitis B and HIV
Insurance	☐ Air travel	☐ Sun and heat protection

PATIENT CONSENT

I have received information on the risks and benefits of the medicines recommended and fully understand them. I have also had the opportunity to ask questions. I consent to the recommended medicines being given at each appointment.

Patient signature..... Date.....

Pharmacist signature..... Date.....

Do you consent for our pharmacy and/or our authorising medical agency to contact you regarding customer satisfaction? **Yes** / **No**