



Travel Consultation - PLEASE PRINT

Date: _____ Name of person inquiring: _____
 Tel. Home/Cell: _____ Email: _____

Traveler's Names

1. _____	DOB: _____	Age: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
2. _____	DOB: _____	Age: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
3. _____	DOB: _____	Age: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
4. _____	DOB: _____	Age: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
5. _____	DOB: _____	Age: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>

Health Questionnaire

	CLIENT #1	CLIENT #2	CLIENT #3	CLIENT #4	CLIENT #5
ALLERGIES (to medication, food, etc)					
MEDICATIONS (currently taking) <i>* please provide list from pharmacy if possible *</i>					
MEDICAL CONDITIONS					
# of Alcoholic drinks/wk					
Smoking Status (# per day)					
Any chance that you are pregnant?					

History of Past Vaccination – Please *include* a copy of your immunization record

If you do not have an updated immunization record (yellow book), you may retrieve this information from your Doctor/Nurse Practitioner or the Eastern Ontario Health Unit.

continued on next page

Date of Departure: _____

Countries and Cities/Provinces in Order of Travel

(please be as detailed as possible)

of Days/Area

_____	_____
_____	_____
_____	_____
_____	_____

Categories of Travel: Check the Appropriate Category – May choose more than one

- Staying in a first class hotel or staying mainly in urban centres
- Travelling extensively in a rural area, camping, mission, etc.
- Travelling at altitudes >2500m
- Staying/visiting relatives/friends
- Cruise

Reason of Travel: Check the Appropriate Category – May choose more than one

- Leisure
- Business
- Work, ex.: health care aide, volunteer, missionary, handling animals, veterinarian, teaching, adoption, etc.

Benefit Coverage: Direct billing may be possible if you have private insurance

Please provide a copy of your insurance card for direct billing

Consultation Appointment(s):

Prior to the appointment, a pharmacist will review and provide a written assessment of travel health recommendations.

Prescriptions will be provided by Christianne Godard, NP after reviewing the assessment and recommendations. At the appointment, a pharmacist will provide counselling on the travel health recommendations; including any recommended medications, recommended vaccines, insect precautions, self-treatment of diarrhea, sun safety, infection control measures, and recent travel advisories/outbreaks.

Cost:

Consultation (Single)	\$70
Consultation (Student)	\$60
Consultation (Couple)	\$100
Fee per additional person	\$20

These are consultation fees only and do not include the cost of vaccines or medications (if required). Depending on the itinerary, the consultation typically lasts 30 minutes.

Administration of Vaccines:

Vaccine administration to those 5 years of age and older is provided by a pharmacist trained in the administration of vaccines. Vaccine administration to those under the age of 5 years old is provided by Christianne Godard, Nurse Practitioner. You will be required to wait at Medical Arts Pharmacy for 15 minutes after receiving a vaccine.

Signature: _____ Date: _____