



## Travel Consultation - PLEASE PRINT

Date: \_\_\_\_\_ Name of person inquiring: \_\_\_\_\_  
 Tel. Home/Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

### 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
<b>ALLERGIES</b> (to medication, food, etc)					
<b>MEDICATIONS</b> (currently taking) * please provide list from pharmacy if possible *					
<b>MEDICAL CONDITIONS</b>					
<b>Weight</b> (for children)					
<b># of Alcoholic drinks/wk</b>					
<b>Smoking Status</b> (# per day)					
<b>Any chance that you are pregnant?</b>					

### 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**

- |  |  |
|--|--|
| <input type="checkbox"/> Staying in a first class hotel or staying mainly in urban centres | <input type="checkbox"/> Staying/visiting relatives/friends        |
| <input type="checkbox"/> Travelling extensively in a rural area, camping, mission, etc.    | <input type="checkbox"/> Cruise                                    |
| <input type="checkbox"/> Travelling at altitudes >2500m                                    | <input type="checkbox"/> Eating off resort in small rural villages |
| <input type="checkbox"/> Adventure/Eco Traveller   |  |

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

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Leisure  | <input type="checkbox"/> Business |
| <input type="checkbox"/> 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: \_\_\_\_\_