



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 |
|------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| ALLERGIES (to medication, food, etc) | | | | | |
| MEDICATIONS (currently taking) <i>* please provide list from pharmacy if possible *</i> | | | | | |
| MEDICAL CONDITIONS | | | | | |
| Weight (for children) | | | | | |
| # of Alcoholic drinks/wk | | | | | |
| Any chance that you are pregnant? | | | | | |
| Name of your Doctor or NP | | | | | |

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
- Adventure/Eco Traveller
- Staying/visiting relatives/friends
- Cruise
- Eating off resort in small rural villages

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 Pranvera Shteto, NP after reviewing the assessment and recommendations.

At the appointment, a pharmacist will provide counseling 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 |
| Consultation fee per additional person | \$20 |
| Administration fee per vaccine | \$20 |

These are consultation/administration 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 Pranvera Shteto, Nurse Practitioner.

You will be required to wait at Medical Arts Pharmacy for 15 minutes after receiving a vaccine.

Signature: _____ Date: _____