

Travel Consultation - PLEASE PRINT

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

Traveler's Names

1. _____	DOB: _____	Age: _____	Sex: M	F
2. _____	DOB: _____	Age: _____	Sex: M	F
3. _____	DOB: _____	Age: _____	Sex: M	F
4. _____	DOB: _____	Age: _____	Sex: M	F
5. _____	DOB: _____	Age: _____	Sex: M	F

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.

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, the pharmacist will review and provide an assessment of travel health recommendations. Prescriptions will be provided by Erica Shearer, RPh under the authority of Medical Directives provided by Pranvera Shteto, NP.

At the appointment, the 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)	\$100
Consultation (Student)	\$70
Consultation fee per additional person	\$30
Administration fee per vaccine	\$25

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 between the ages of 1 and 5 years old is provided by Erica Shearer, RPh under the authority of Medical Directives 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: _____