

**GREENWOOD HEALTH  
TRAVEL HEALTH QUESTIONNAIRE**

**Travelling is such an adventure. New places, new sights, new people and new potential dangers!**

At least 4-6 weeks before heading overseas on your next big adventure, organise a pre-travel consultation. At Greenwood Health a consultation with one of our healthcare practitioners who has specialist knowledge of Travel Medicine will cover the current risks for your travel destinations as well as options and advice to try and reduce those risks so you can head off on your adventures, enjoy your time away and come home safely.

To assist us in determining the best advice for you please fill out the form below and return to Greenwood Health prior to your appointment.

<b>All about you</b>		
First name: _____ Last name: _____ Date of birth: _____		
Country of birth: _____ Phone: (H) _____ (M) _____		
Address: _____		
Street	Suburb	Postcode
Email: _____		
Occupation: _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-specific <input type="checkbox"/>		
GP's details: _____		

<b>All about your health</b>	
List any current medical conditions you have:	List any medications you take; include: <ul style="list-style-type: none"> <li>- long term medications</li> <li>- occasional medications like panadol ie: for a short term headache</li> <li>- any vitamins or supplements</li> </ul>
List any allergies you have:	
Have you ever had a reaction to a vaccination? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
If yes, which vaccine? _____ and; what was your reaction? _____	
Do you live with, or will you be travelling with anyone who has a weakened immune system? e.g; take long term steroids or are receiving chemotherapy etc <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
Have you been an inpatient in hospital anytime in the past 3 months? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
If yes, what for? _____	
Is there any potential that you or your partner will become pregnant while away or within 6 months of your return? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
<b>Women only:</b> Are you currently pregnant? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	

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Are you aware of missing any childhood vaccinations? Yes  No   
 If yes, which one(s)? \_\_\_\_\_  
**If you have any vaccination records bring them with you to your appointment.**

**All about your travel**

**Where have you been?**

Have you travelled before? Yes  No   
 If yes, where have you been? \_\_\_\_\_  
**If you have received vaccinations for travel before please bring records of this with you to your appointment.**

Have you ever had a health problem while travelling before? Yes  No  N/A   
 If yes, please provide details: \_\_\_\_\_

**Where are you going?**

Date you are leaving: The region: _____ The country: _____	Date you are returning: _____
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Please list in order all of the countries you intend on visiting and how long you plan to stay (hours, days or weeks) in each.

- If you are transiting through a country during your travels for more than 12 hours, and/or plan to leave the airport please include this in your itinerary

Country	Time in country (circle one)
1	hours/days/weeks
2	hours/days/weeks
3	hours/days/weeks
4	hours/days/weeks
5	hours/days/weeks
6	hours/days/weeks
7	hours/days/weeks

What is the main purpose of your travel? <input type="checkbox"/> Holiday <input type="checkbox"/> Other <input type="checkbox"/> Visiting family/friends      Please specify: _____ <input type="checkbox"/> Business <input type="checkbox"/> Volunteer work	What type of accommodation will you be staying in? <input type="checkbox"/> Camping <input type="checkbox"/> Other <input type="checkbox"/> Budget                      Please specify: _____ <input type="checkbox"/> Air conditioned hotel <input type="checkbox"/> Private home
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During your travels is there a potential you may participate in any of the following experiences (please tick all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Medical procedures (including tattoo's)     | <input type="checkbox"/> Cooking tours   | <input type="checkbox"/> Adventure sports     |
| <input type="checkbox"/> Water sports (including diving/snorkelling) | <input type="checkbox"/> Animal/wildlife experiences                           | <input type="checkbox"/> Visiting rural areas |
| <input type="checkbox"/> Climbing at altitude                        | <input type="checkbox"/> Sexual encounters (other than with long term partner) |   |
| How high? _____  | <input type="checkbox"/> Other; specify _____                                  |   |

Do you have any specific concerns or questions about any of the areas in which you are planning travel? Yes  No   
 If yes; please specify: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Email to: [info@greenwoodhealth.org.nz](mailto:info@greenwoodhealth.org.nz)  
 Fax to: 03 528 6331

Drop in: 20 Greenwood St  
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