

# HOSPITAL STREET DOCTORS

## Travel Questionnaire



### PERSONAL DETAILS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### TRIP DETAILS

Date leaving Australia: \_\_\_\_\_

Date Returning to Australia: \_\_\_\_\_

What is the main purpose of your trip:

Holiday  Business  Visiting Family/Friends  Work  Other

If work please give detail: \_\_\_\_\_

Type of Accommodation:

Air conditioned Hotel  Budget  Camping  Private Home

Please list in order the places you are staying and length of stay:

Location	Length of Stay

Will you be undertaking any adventure activities:

Climbing  Scuba diving  Trekking  Other

Who will you be travelling with:

Solo  Partner  Organised Group  Other

## MEDICAL DETAILS

Have you had any serious medical problems such as:

Anxiety or panic attacks		Joint problems	
Asthma		Mastectomy	
Blood clotting disorder, thrombosis		Mental illness	
Chronic lung disease		Psoriasis	
Depression		Pulmonary embolism	
Diabetes		Schizophrenia	
Epilepsy		Stomach ulcer	
Heart disease		Tendency for chest infections	
Hepatitis A		Thymectomy	
High blood pressure		Weakness of the immune system	
HIV/Aids		Other	

Have you been hospitalized in the last six week Yes  No

If yes, reason: \_\_\_\_\_

Allergies:

Iodine		Gelatin	
Neomycin		Latex	
Band-aids		Penicillin	
Bee stings		Sulphur drugs	
Eggs		Other	

Did you miss any of the usual childhood vaccines: Yes  No

Do you have any particular health concerns regarding this trip: Yes  No

If yes, please state: \_\_\_\_\_

Women only:

Are you breast feeding or could you be pregnant or plan to become pregnant within 3 months of your return:

Yes  No