**Travel Risk Assessment Form – To be completed and returned prior to appointment**

**Palatine Group Practice, Isle of Man**

**Please write clearly**

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| **Personal Details**  |
| Name: DOB: M/F |
| **Contact Number:** **Landline: Mobile:** I consent to receiving text messages from the surgery YES / NO (Please circle) |
| **Email address:** I consent to receiving email messages from the surgery YES / NO (Please circle) |
| **Please supply information about your trip below, including airports transfers:**  |
| **Date of Departure of Island:** | **Date of Return to Island:**  |
| **Country visiting** | **Exact location / region** | **City / Rural** | **Exact dates** |
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| **Have you taken out appropriate insurance?**  |
| **Does this include repatriation to the Isle of Man?**  |
| **Type of Travel:**[ ] **Holiday** [ ] **Staying in hotel** [ ] **Backpacking**[ ] **Business Trip** [ ]  **Safari** [ ] **Camping / Hostel**[ ] **Expatriate** [ ]  **Pilgrimage** [ ] **Adventure**[ ] **Volunteer Work** [ ]  **Diving** [ ] **Healthcare Worker** [ ] **Visiting Family / Friends**  |
| **Please Supply details of your medical history:**  |
|  | **Yes:** | **No:** | **Details:** |
| **Food Allergy:** |  |  |  |
| **Medication Allergy:**  |  |  |  |
| **Latex Allergy:** |  |  |  |
| **Medication:** |  |  |  |
| **Surgical procedures, including removal of spleen, thymus gland removed:**  |  |  |  |
| **Recent Chemotherapy/radiotherapy/organ transplant:** **Immunocompromised?** |  |  |  |
| **Any long term conditions?****Asthma or COPD****Diabetes****Heart disease****Epilepsy** **HIV/AIDS** |  |  |  |
| **Any history of stroke or blood clots?**  |  |  |  |
| **Gastrointestinal (stomach) complaints** |  |  |  |
| **Rheumatology concerns** |  |  |  |
| **Neurological illness** |  |  |  |
| **Mental Health Issues**  |  |  |  |
| **Women only:**  |
| **Are you pregnant?** **Are you breast feeding**  |  |  |  |
| **Are you planning pregnancy within the next 3 months post travel?**  |  |  |  |

**Are you taking any prescribed medication, over the counter, privately prescribed, recreational or herbal?**

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**Any additional Information:**

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