

RIVERVIEW MEDICAL CENTRE
6/8 George Street
Johnstone
PA5 8SL

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TRAVEL RISK ASSESSMENT FORMS

Dear Patient

Travel Risk Assessment Forms should be completed & handed into the surgery **A MINIMUM OF 6 WEEKS** prior to departure date. We are sorry we will be unable to accept any forms if this timescale is not adhered to.

Please complete all pages which include previous vaccinations given at school, A&E, other GP or private Travel Health clinic.

Incomplete forms and forms that state 'see medical record for immunisations' will be returned.

After the forms have been handed in you will be contacted by us to book a **telephone appointment** with our nurse to discuss the vaccinations required. The travel clinic is on a **Thursday afternoon** and therefore this appointment will be on a Thursday afternoon. If you are unable to discuss your requirements on a Thursday afternoon you may wish to seek advice from an alternative travel centre. The administering of the vaccinations does not need to be done on a Thursday afternoon.

If travelling as a group then one person should be nominated to discuss all the requirements of all travellers. To enable this to happen all travellers should give permission to the nominated person using the consent form. The nominated person should be aware of all the immunisations of all travellers so accurate advice can be given. If no consent form is received then advice will only be given to individuals. Children up to the age of 16 at time of travel do not need a consent form.

We have designed the Travel Clinic to operate as efficiently as possible so hope you understand we need to follow the above for the smooth running of the surgery.

Yours faithfully
Riverview Medical Centre

Dr Lynn Howie : Dr Trudy Smith
riverviewmedicalcentre.com

Riverview Medical Centre's Consent to Disclosure of Medical Information Form

Patients Name
Address

Date of Birth

I am signing this form to allow the following person(s) to be given the access to my medical information about me:

Full Name
Relationship
To Patient

Contact Number (s)

Full Name
Relationship
To Patient

Contact Number (s)

The following may be discussed with the above person(s):
(Please **TICK** below where applicable)

- Appointments**
- Medication**
- Results**
- Treatment**
- Travel Plans (in case travel advice sought)**
- All of the above and all aspects of my care**

Consent to be given until withdrawn by me in writing.

Signed

Date

Riverview Medical Centre

Travel Health Services

We offer a nurse-led travel advice service for registered patients travelling outwith the UK, who may require vaccinations or anti-malarial medication.

Advice regarding which vaccines or medication may be required for your trip is available free of charge. Please complete our travel forms and hand these in a minimum of 6 weeks prior to travel.

The following vaccines can be prescribed for travel purposes on the NHS and given at the surgery by our nurses:

✓	Diphtheria MM	✓	Combination Hepatitis A & B
✓	Tetanus	✓	Typhoid/Paratyphoid
✓	Polio	✓	Cholera
✓	Hepatitis A	✓	MMR

If you require any of the following for travel purposes you should obtain these privately as they are not available on the NHS and cannot be given at the surgery.

✗	Anti-malarial tablets	✗	Hepatitis B vaccine
✗	Meningitis vaccines	✗	Rabies vaccine
✗	Japanese Encephalitis vaccine	✗	Tuberculosis
✗	Yellow Fever vaccine		

There are several local private travel clinics available, including:

The Travel Clinic Glasgow 5 West Wing St James Business Centre Paisley PA3 3AT 0141 889 7656	Lloyds Pharmacy 10 High Street Paisley PA1 2BS 0141 889 2304	Superdrug Sauchiehall Street Glasgow 0141 332 4284	Superdrug Newton Mearns 0141 639 7950
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RIVERVIEW MEDICAL CENTRE

Travel risk assessment (to be completed by traveller prior to appointment)

Name:	Date of birth:
Address:	Male: Female:
	Telephone number:
Email:	Mobile number:

Please supply information about your trip in the sections below

Date of departure:	Total length of trip:
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Country to be visited	Exact location or region	City or rural	Length of stay
1.			
2.			
3.			

Have you taken out travel insurance for this trip?

Do you plan to travel abroad again in the future?

Type of travel and purpose of trip-please X all that apply

Holiday	Staying in hotel	Backpacking	Additional information
Business trip	Cruise ship trip	Camping/hostels	
Expatriate	Safari	Adventure	
Volunteer work	Pilgrimage	Diving	
Healthcare worker	Medical tourism	Visiting family/friends	

Please supply details of your personal medical history

	YES	NO	DETAILS
Are you fit and well today			
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, eg. your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding/clotting disorder (including history of DVT)			
Heart disease (eg angina, high blood pressure)			
Diabetes			
Disability			
Epilepsy/seizures			

Gastrointestinal (stomach) complaints			
Liver and or kidney problems			
HIV/AIDS			
Immune system condition			
Mental Health Issues (including anxiety,depression)			
Neurological (nervous system)			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
Women Only			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

Are you currently taking any medication including prescribed, purchased or contraceptive pill?
Provide details below

Please supply information on any vaccines or malaria tablets taken in the past					
Tetanus/polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese Encephalitis		Tick Borne Encephalitis	
Yellow Fever		BCG		Other	
Malaria Tablets					

Have you ever had any vaccinations given at A & E or Travel Clinic? Provide details below

Did you receive all routine childhood vaccinations?	
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Additional Information