

Pretravel Questionnaire

Patient Info

Last Name _____ First Name _____ Middle Initial _____

Alberta Health Care # _____

Full Permanent Address _____

Home Phone _____ Email _____

Work Phone _____ Fax _____

Cell _____

Date of Birth _____ / _____ / _____ Weight _____ Kg Pounds
Day Month Year

Country of Birth _____ Gender Female Male

Province Attended Grade School _____

Patient Details

MEDICAL HISTORY

Cardiovascular Disease _____

History of Anxiety or Depression _____

Neurological Disorders _____

Current illnesses _____

Current medication (prescription and over-the-counter) _____

Vaccination History (e.g. routine childhood immunizations, last tetanus vaccine) _____

Allergies (e.g. antibiotics, eggs, latex, gelatin) _____

Pregnancy (now or planned) / Breastfeeding _____

Travel Details

Date of Departure _____ Total Duration of Stay _____

DESTINATION(S)

Country	Town	Rural areas	Dates	Accommodation (good/basic/poor)	Special Activities (scuba, altitude)

Purpose of Travel Holiday Business (occupation) Self-Organized Visiting Friends & Relatives
 Volunteer Work Other _____

Any Medical or Travel Concerns (eg. taking antimalarials, vaccinations safety, travellers' diarrhea) _____