

***PATIENT DETAILS***

Title:	First Names:		
Surname:			
Date of Birth:	Age:		Male / Female
Address:		Home No:	
		Work No:	
Post Code:		Mobile No:	

***TRAVEL ITINERARY***

Destination (s):	Length of stay in Destination (s):
Departure Date:	Return Date:

Type of Trip:	Pleasure		Business		Other	
Type of Holiday:	Package	Self-Organised	Backpacking	Cruise ship	Camping	
Accommodation:	Hotel	Cruise Ship	Camping	Hostel	Other	
Travelling:	Alone		Family	Friends		Group
Type of area:	Urban		Rural		Other	

***MEDICAL HISTORY***

Are you Epileptic?	YES / NO	Are you Pregnant?	YES / NO
Are you on Insulin?	YES / NO	Are you Breast feeding?	YES / NO

Are you allergic to any substances/or had a serious reaction to a vaccine given before?	YES / NO
If yes, please specify	

Please give details and approx dates of any immunisations received:

Tetanus	/	/	Typhoid	/	/
Meningitis	/	/	Yellow Fever	/	/
Hepatitis A	/	/	Hepatitis B	/	/
Diphtheria	/	/	Polio	/	/

Email Address:

Would you like to book appointments online? (available to over 16's only)	YES / NO
I give consent that The Baffin's Surgery may leave messages or contact me on any of the above telephone numbers or email, text message, answer phone/voicemail	YES / NO

*For office use only*

Injections/Medication Patient required	Quantity	Cost per vaccination
<i>Total</i>		

Appointment booked with	Debbie	Penny	Kate	Jackie
Date of appointment	/ /	Time of appointment	:	am/pm

Patients Emis Number:		Registered by	
Date paperwork scanned	/ /	Appointment amended	YES / NO