

THE WILSON PRACTICE

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PRIVATE TRAVEL CLINIC

TRAVEL APPOINTMENT INFORMATION

Although we offer a free travel clinic unfortunately some vaccinations incur a charge. Payment will be required on the day of consultation. You will be advised of the cost prior to your appointment.

Risk Assessments

We will perform a risk assessment before deciding which vaccines are recommended and to give advice that will best address your needs. Also, for some destinations, you will need to receive a course of vaccines over a six week period. For this reason, we request that you complete the attached questionnaire as fully as possible and return it to the receptionists AS SOON AS POSSIBLE.

Appointments will last between 15-30 minutes.

Travel Clinic Times: Monday 3-6pm, Wednesday 11.30-1pm
Lead Travel Sister: Lynn Paice

We regret that we are unable to give telephone advice unless a questionnaire has been completed and the Travel Sister has looked at your notes.

It would help us greatly if you had some awareness of the travel health problems that you may be of risk from on your trip before you come for your appointment. The following website addresses may be of interest.

www.fitfortravel.scot.nhs.uk

www.dh.gov.uk

www.fco.gov.uk/knowbeforeyougo

www.malariahotspots.co.uk

Scottish NHS Public Travel Site

Department of Health

Foreign and Commonwealth Office

Malaria for the General Public

COSTS NOT COVERED ON NHS

Japanese Encephalitis B	£262.50	Yellow Fever	£58.80
Rabies x 3	£157.50	Meningitis ACWY	£42.00
Hepatitis B x 3	£78.75	Travel Pack	£21.00
Hepatitis B Booster (single dose)	£26.25		

Private prescription for anti-malarial drugs £15 75
(You will also need to pay for the anti-malarial drugs at the pharmacy)

Payment needs to be made at Reception either by card, cash or cheque (to Wilson Practice) prior to or on the day of appointment.

Attached Travel Clinic Questionnaire, please complete one form per person and return to Reception

TRAVEL CLINIC QUESTIONNAIRE

One form per person, please complete and return as soon as possible

NAME: **Date of Birth:**

Daytime contact number:

1. ABOUT YOUR TRIP

Date of departure:

Duration of Trip:

Destination (please be specific):

Details*:

*We need to know if you are going to remote areas, where access to medical help is limited, if you are going to mountainous areas (>3000m), swampy, river or jungle regions, and if so, for how long. Please supply a full itinerary with as accurate dates as possible. This is essential if you are going backpacking or on another long trip.

PATIENTS WHO HAVE HAD A SPLENECTOMY, HAVE A MALFUNCTIONING SPLEEN OR WHO ARE PREGNANT ARE STRONGLY ADVISED NOT TO TRAVEL TO MALARIAL AREAS

Please indicate which best describes your travel

Package Tour Cruise *Business Trip Visit to family/friends Backpacking

*Voluntary/charity work *High risk activities

*More details please

Type of accommodation

Hotels Hostels Camping Other

2. ABOUT YOU

Do you have any allergies? If yes please give details:

Women only: Is there any possibility that you are or could become pregnant during the course of your trip? Yes/No

Have you travelled overseas before requiring vaccinations? Please indicate below your previous immunisations, with dates, if possible, as we may not necessarily have a full immunisation history for you.

Diphtheria: Tetanus: Polio: BCG:
Hepatitis A: Hepatitis B: Japanese B: Meningitis:
Encephalitis: Typhoid: Yellow Fever: Rabies: