

Dr Alistair Adey
BSc MBBS DRCOG MRCGP

Dr Julia Dancy
MBChB MRCP MRCGP DCH
DTM&H DFFP

Dr Edward Argent-Belcher
MA (Cantab) MB BChir MRCGP

Dr Rachel Callely
MBBS MRCP MRCGP



DRS ADEY & DANCY
TARPORLEY HEALTH CENTRE
PARK ROAD
TARPORLEY
CHESHIRE
CW6 0BE

Tel: 01829 732401

cmicb-cheshire.drsadeyanddancy@nhs.net
<https://tarporleydoctors.gpsurgery.net>

TRAVEL RISK ASSESSMENT FORM – to be completed by traveller prior to appointment.

Name:		Address:	
Date of birth:			
Home Tel No:		E-mail:	
Mobile No:			
<input type="checkbox"/> Consent to receive text messages from the surgery		<input type="checkbox"/> Consent to receive e-mails from the surgery	
PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW			
Date of departure:		Total length of trip:	
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 ABROAD – Please tick all that apply			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking	<u>Additional information</u>
<input type="checkbox"/> Business Trip	<input type="checkbox"/> Cruise ship trip	<input type="checkbox"/> Camping/hostels	
<input type="checkbox"/> Expatriate	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	
<input type="checkbox"/> Volunteer Work	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Diving	
<input type="checkbox"/> Healthcare Worker	<input type="checkbox"/> Medical tourism	<input type="checkbox"/> Visiting friends/family	

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 including eg your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding/clotting disorders (including history of DVT)			
Heart disease (eg angina, high blood pressure)			
Diabetes			
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions			
Women only:			
Are you pregnant			
Are you breastfeeding			
Are you planning a pregnancy while away			
Have you undergone FGM / been cut / circumcised			

Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?:

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					

Any additional information: