Travel Health Consultation Form

The information you give here will become the basis for the travel health recommendations that we provide to you. It is important to fill it out as accurately and completely as possible.

If any of this information changes, please inform us.

Personal Information

Date of birth		**Health Card #**	
Sex at birth		**Gender**	
Phone #		**Doctor or NP**	

Country of birth	
If not Canada, at what age did you move here?	

Medical History - Allergies

Please list any allergies you have, including to medications, foods, chemicals, and other.

Medical History - Medications

Please list all medications you take, including prescriptions, over-the-counter medicines, vitamins, and natural health products. For prescriptions filled at Mosaic Pharmacy you can write “Mosaic” instead, and we will check your profile (please still list any nonprescription medications).

Preparing for your appointment
If you take any vitamins or natural health products, please bring the bottles with you. Feel free to bring prescription bottles as well.

Medical History - Medical Conditions

Please answer the following questions about your health. If you do not know an answer, leave it blank, and we can discuss it during your appointment.

Current and past medical conditions: Have you ever been told by a doctor or NP that you have:

- ☐ A suppressed immune system
- ☐ Diabetes
- ☐ HIV or AIDS
- ☐ Cancer
- ☐ Blood clotting disorder
- ☐ Heart disease (including high blood pressure, a history of stroke or “mini stroke,” a history of heart attack, or other)
- ☐ Lung disease (including asthma, COPD, or other)
- ☐ Liver or kidney disease
- ☐ Mental health conditions (including depression, anxiety, PTSD, bipolar disorder, or other)
- ☐ Guillain-Barre Syndrome
- ☐ A seizure disorder
- ☐ A thymus disorder
- ☐ Sickle-cell anemia
- ☐ A neurological disorder (ex. Multiple sclerosis)
- ☐ Other (please explain in the box below)

Current health status and habits: Please check any questions that you can answer “yes” to

- ☐ Could you be pregnant? Or are you trying to become pregnant?
- ☐ Are you breastfeeding?
- ☐ Do you live with someone who is considered immunocompromised?
- ☐ Have you travelled outside of Canada in the past 3 months?
- ☐ Have you gotten any vaccines in the past month?
- ☐ Have there been any recent changes to your health?
- ☐ Have you had any surgeries in the past 6 months?
- ☐ Do you use alcohol, nicotine products, cannabis products (recreational or prescribed), or other recreational drugs?

  If yes, please describe which ones and how frequently you use them in the box below. Write “in appointment” if you would rather discuss with us in-person.

Medical History - Vaccines

Please check the box beside any vaccines you have received. If you do not know for certain or do not think you received all of the necessary doses, leave the box blank.

- ☐ **Covid-19** in the past year
- ☐ **Flu shot** in the past year
- ☐ ***H. influenza* type B**
- ☐ **Hepatitis A**
- ☐ **Hepatitis B**
- ☐ **Human Papillomavirus (HPV)** - ie. Gardasil
- ☐ **Measles, Mumps, & Rubella**
- ☐ **Pneumococcal**
- ☐ **Polio** in childhood and 1 dose after age 18 years
- ☐ **Rotavirus**
- ☐ **Respiratory Syncytial Virus (RSV)** - ie. AREXVY
- ☐ **Diphtheria & Pertussis** in childhood and 1 dose after age 18 years
- ☐ **Tetanus** in the past 5-10 years
- ☐ **Varicella** (or had chickenpox)
- ☐ **Zoster (Shingles)** - ie. Shingrix in the past 5-10 years

Preparing for your appointment
Bring any records of vaccines you received as a child or adult or any lab work showing immunity with you to your appointment. We may have questions about what vaccine you had, when you had it, and how many doses you were given.

Trip Information - Plans & Activities

Date of departure from Canada (YYYY/MM/DD)	
Date of return to Canada (YYYY/MM/DD)	

Purpose of trip (check all that apply)

- ☐ Pleasure
- ☐ Visiting friends/family
- ☐ Business
- ☐ “Adventure” travel
- ☐ Pilgrimage
- ☐ Missionary or aid work
- ☐ Volunteering
- ☐ Education
- ☐ Adoption
- ☐ Seeking healthcare
- ☐ Research
- ☐ Other

Planned activities (check all that **MIGHT** apply)

- ☐ Cruise ship travel
- ☐ Beach time
- ☐ Taking public transit
- ☐ Boating
- ☐ Hiking or camping
- ☐ Eating at local establishments
- ☐ Healthcare work
- ☐ Scuba diving
- ☐ Caving (spelunking)
- ☐ Freshwater swimming or rafting
- ☐ Laboratory work
- ☐ Veterinary work
- ☐ “Extreme” sports
- ☐ High-altitude travel
- ☐ Safari/jungle walks
- ☐ Visiting farms or live-animal markets
- ☐ Cycling
- ☐ Motorbiking
- ☐ Disaster relief/aid
- ☐ Receiving healthcare
- ☐ Other

Trip Information - Destination Details

Please provide details of each location you will be visiting (including airport stop-overs and cruise ship ports of call) in the order you will be visiting them. This can affect the vaccines we recommend for you.

If you are not sure about some of the information yet, list what you can and leave the rest blank.

> *Type of accommodation: examples: hotel/resort, inn, hostel, rental (ex. AirBNB or VRBO), friends or family)*

Specific location & Country	Accommodation Type	Arrival	Departure

Final Details

Appointment goals: Please describe your reasons for booking a travel health consult or what you are hoping to get out of the appointment.

Main concerns: Please list any specific concerns or questions you would like to have addressed.

Written information: Would you like written information on any of the following topics?

- ☐ Food & water safety
- ☐ Water purification methods
- ☐ Preventing insect bites
- ☐ Sun & heat safety
- ☐ Travel health kits
- ☐ Travel health insurance
- ☐ Traveller's Diarrhea
- ☐ Altitude sickness
- ☐ Motion sickness
- ☐ Managing jetlag
- ☐ Accessing healthcare overseas
- ☐ Travelling with medications

Please provide any other information that you think we should have.

Preparing for your appointment
To give you good recommendations about vaccines, malaria medications, and other topics, we need to know specific places you will be going to. Having a list of regions you might visit within a country helps us, but knowing the city, town, or specific area within that region is even better. If there is even a chance that you might take a certain tour or go to a certain spot, let us know. That way we can help you prepare for any possibility.

CLINIC USE

PhC		**License**	
Signature		**Date Reviewed**	