



Wigton Group Medical Practice Travel Advice Form



PLEASE TAKE TIME TO COMPLETE THIS FORM AND GIVE AS MUCH INFORMATION AS POSSIBLE AS THIS WILL HELP THE NURSE TO PREPARE FOR YOUR APPOINTMENT. THANK YOU.

Date of departure:	Length of stay:
Name:	Date of Birth:

Contact No:

Country/Countries to be visited:

Type of Trip: (business, backpacking, package, cruise etc)

(FOR CRUISE, BACKPACKING OR TREKKING, PLEASE TRY TO BRING YOUR ITINERARY WITH YOU TO YOUR APPOINTMENT. THANK YOU.)

Do you have any known allergies?
If YES please state.

Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)

Are you on any medication? (PLEASE STATE)

History of any past immunisations?

WHERE POSSIBLE APPOINTMENTS FOR TRAVEL ADVICE SHOULD BE MADE AT LEAST 4 WEEKS BEFORE TRAVELLING. THANK YOU.

YOU WILL BE OFFERED AN APPOINTMENT AT RECEPTION WHEN YOU HAND IN YOUR COMPLETED FORM.

Reception Staff Only – Appointment Details

Date Requested	Date of Appointment	Time	Nurse
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