

Turnure Medical Group, Inc.
Darilyn Campbell Falck, MD FACEP
Travel Medicine
6805 Five Star Blvd.
Rocklin, CA 95677
(916) 624-3500

Travel Questionnaire

Date: _____

In order to provide your travel immunizations as safely as possible, and to provide you with appropriate travel information, we need to know the following about your health status and your travel plans.

Name: _____ Date of Birth: _____

1. Please list any medical problems (including heart, kidney, or liver disease, seizure disorder, asthma, skin problems, ulcers). _____
2. Are you currently under the care of a physician for any medical condition? YES NO TMG
3. Do you have any history of:
 - 3a. Seizure disorder, psychosis, or depression? YES NO
 - 3b. Thymus disorder (myasthenia gravis, thymoma, thymectomy, or DiGeorge syndrome)? YES NO
4. Do you feel ill today? For instance, do you have a fever, cough, cold, diarrhea, nausea, or vomiting? YES NO
If yes, please specify. _____
5. Please list any **medications** you are currently taking: _____
6. Please list any **allergies** you have to medications, food, or environmental allergies:
___NO ALLERGIES

Are you allergic to:

A) chicken feathers/eggs?	YES	NO
B) Sulfa drugs?	YES	NO
C) Erythromycin?	YES	NO

7. Females: Please list the date of your last menstrual period _____
Are you pregnant? YES NO
Are you breastfeeding? YES NO
8. Have you traveled out of the country in the past? If so, when and to what countries? _____
9. After this trip, do you plan international travel in the future? If so, when and to what countries? _____

10. **For your current travel**, please list the countries you will be visiting, in the sequence they will be visited and the length of stay in each country.

Country/Cities	Length of Stay
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

11. What is the date of your departure? _____ Return? _____
12. Living location (include approximate length of stay in each area):
Urban _____ Rural _____ Underdeveloped _____
13. Living styles (check all that apply):
Camping Hotel Private home Hiking/Trekking
Working (type of work): _____
14. Immunization history (dates or diseases): ***BRING IMMUNIZATION RECORDS WITH YOU TO YOUR APPOINTMENT***
Completed childhood immunizations
Tetanus booster _____ Hepatitis A _____ Hepatitis B _____ Meningococcal _____
Polio booster _____ Chicken Pox _____ Varicella Vaccine _____
Measles _____ Mumps _____ Rubella _____ MMR Vaccine _____

15. Previous International Immunizations and Dates: _____

16. Preferred pharmacy to where prescriptions can be sent: _____

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Travel Clinic Record

Date: _____

Name _____ DOB _____

Destination _____ Length of Stay _____

Nature of Visit _____

Vitals: Temperature _____ **HR** _____ **RR** _____ **BP** _____ **Height** _____ **Weight** _____ **lbs** _____ **kg**

Instruction/Counseling

Handouts

- Food & Water Precautions
- Mosquito/Insect Precautions
- Blood/Body Fluid Precautions
- Parasite Precautions
- Rabies Precautions
- Altitude Sickness
- Vaccination Risks/Side Effects (VIS)
- Safety & Security

- Travax: _____
- Culturegram
- Health Kit
- Malaria/Antimalarial
- Traveler's Diarrhea
- Fitness to Fly
- Culture shock
- International Cert. of Vaccination

Immunizations/Prophylaxis

Allergies: _____ **Meds:** _____ **LMP:** _____

Hepatitis B #1 Lot: _____ Exp: _____ Date: _____ Site: _____
 #2 Lot: _____ Exp: _____ Date: _____ Site: _____
 #3 Lot: _____ Exp: _____ Date: _____ Site: _____

Hepatitis A #1 Lot: _____ Exp: _____ Date: _____ Site: _____
 #2 Lot: _____ Exp: _____ Date: _____ Site: _____

Twinrix A/B #1 Lot: _____ Exp: _____ Date: _____ Site: _____
 #2 Lot: _____ Exp: _____ Date: _____ Site: _____
 #3 Lot: _____ Exp: _____ Date: _____ Site: _____

Hepatitis A Prophylaxis: Immunoglobulin #1 Lot: _____ Exp: _____ Date: _____ Site: _____

Japanese Encephalitis #1 Lot: _____ Exp: _____ Date: _____ Site: _____
 #2 Lot: _____ Exp: _____ Date: _____ Site: _____
 #3 Lot: _____ Exp: _____ Date: _____ Site: _____

Meningococcal #1 Lot: _____ Exp: _____ Date: _____ Site: _____

Measles, Mumps, & Rubella #1 Lot: _____ Exp: _____ Date: _____ Site: _____

Polio (IPV) #1 Lot: _____ Exp: _____ Date: _____ Site: _____

#2 Lot: _____ Exp: _____ Date: _____ Site: _____
#3 Lot: _____ Exp: _____ Date: _____ Site: _____

Rabies pre-exposure prophylaxis

#1 Lot: _____ Exp: _____ Date: _____ Site: _____
#2 Lot: _____ Exp: _____ Date: _____ Site: _____
#3 Lot: _____ Exp: _____ Date: _____ Site: _____
#4 Lot: _____ Exp: _____ Date: _____ Site: _____

Tetanus diphtheria #1 Lot: _____ Exp: _____ Date: _____ Site: _____

Typhim VI Injectable Typhoid Vaccine

#1 Lot: _____ Exp: _____ Date: _____ Site: _____

Yellow Fever Vaccine #1 Lot: _____ Exp: _____ Date: _____ Site: _____

PPD Lot: _____ Exp: _____ Test Date: _____ Date Read: _____ Result: _____

Seasonal Influenza

Malaria Prophylaxis:

Mefloquine 250 mg # () 1 tablet weekly beginning 1 week before departure to malarious area, while there, and for 4 weeks after leaving area.

Chloroquine 500 mg # () 1 tablet weekly beginning 1 week before departure to malarious area, while there, and for 4 weeks after leaving area.

Doxycycline 100 mg # () 1 tablet daily beginning 1-2 days before departure to malarious area, while there, and for 4 weeks after leaving area.

Malarone 250 mg # () 1 tablet daily beginning 1-2 days before departure to malarious area, while there, and for 1 week (7 days) after leaving area.

Malaria Self-Treatment:

Malarone 250 mg/100 mg # () If traveler develops fever and chills, take 4 tablets once a day for 3 days and seek medical attention immediately. If vomiting occurs within 1 hour, a repeat dose should be taken.

Traveler's Diarrhea:

Ciproflaxin 500 mg #6 (six) 1 PO BID for 3 days for traveler's diarrhea.

Zithromax 500 mg (Tripac) #3 (three) 1 PO QD for 1 to 3 days for traveler's diarrhea.

Rifaximin (Xifaxan) 200 mg #9 (nine) 1 tablet TID for 3 days (adults) for treatment of persistent traveler's diarrhea. Do not use with dysentery (blood in stool).

Metronidazole 500 mg (Flagyl) #14 (fourteen) 1 tablet BID for 7 days with food for persistent traveler's diarrhea. Avoid alcohol.

Tinidazole (Tindamax) 500 mg #4 (four) 4 tablets at once with food for persistent traveler's diarrhea. Avoid alcohol.

Typhoid:

Vivotif Berna Oral Typhoid #4 (four) 1 capsule on days 1, 3, 5, & 7 (every other day for 1 week). Keep refrigerated.

Miscellaneous:

Azetazolimide (Diamox) 125 mg # () 1 PO TID starting 48 hours prior to and continuing 48 hours after reaching high altitude.

Transderm Scope Patch 1.5 mg # () 1 pack of 4 patches. Take as directed

Miscellaneous:

Notes: _____

Travel Questionnaire Reviewed

Electronic Medical Record Reviewed

Immunization Record Reviewed

Signature

Date

Face to face time: _____ minutes

Time spent counseling: _____ minutes