

**London Travel Clinic
Pretravel Patient Questionnaire**

Last Name: _____ First Name: _____

Sex: M F Pregnant? Y N

Appointment Date YY/MM/DD: ___/___/___

Birth Date YY/MM/DD: ___/___/___ Country of Birth: _____

Address: _____ City/Town: _____

Postal Code: _____ Phone: () _____

Planned Country(ies) of Destination: _____

Location(s) in Country(ies) of Destination: _____

Reason for Travel: Business Tourism Backpacking

Visit Relatives Friends Live and Work Other: _____

Previous Canadian Immunizations: Up to date None in over 10 years

Don't know (Information often available at public health unit closest to your high school)

Year of Previous Travel Immunizations: Hepatitis A _____ Typhoid Vi _____

Typhoid Oral (Vivotif) _____ Yellow Fever _____ Japanese Enceph _____

Other: _____ Other: _____

Underlying Medical Conditions: _____

Current Medications: _____

Drug Allergy: Y N Drug Names: _____

Egg Allergy: Y N Other Allergies: _____

Thank You! Please bring this optional form with you to your appointment.
All information will be kept confidential in your chart.