PRIMARY CARE TOKYO

Patient ID________________ Date: / /

Travel Medicine Questionnaire

Please fill out to the best of your ability. Information is for medical use only and will be kept strictly confidential

Last Name:		Sex:	☐Female ☐Male		
First, Middle Names:		Date of Birth:	Year	Month	Day
Address:		Emergency contact:			
		Name:			
		Phone:			
Phone:		Relationship:			
E-mail:		Referred by:			
Guardian(if patient is a minor):			Relationship:		

MEDICAL HISTORY	
CURRENT / PAST HEALTH PROBLEMS:	CURRENT MEDICATIONS:

For women	Are you: ☐currently pregnant ☐possibly pregnant ☐planning to become pregnant in the next 3 months Are you breastfeeding? ☐Yes ☐No Date of last menstrual period:	
HABITS:	Tobacco: ______packs/day for______years	Alcohol: ________drinks/ozs/mls per day

ALLERGIES (including medications, food):
Have you ever had a serious reaction to a vaccination? ☐Yes ☐No
If yes, please describe:

Patient ID________________ Date: / /

Travel Medicine Questionnaire (page 2)

IMMUNIZATION HISTORY (indicate below any vaccines you have received and also bring any immunization records you have)					
☑	VACCINE	DATE	☑	VACCINE	DATE
	DPT or Tdap (diptheria/pertussis/tetanus)			Varicella (chicken pox)	
	DT or Td (tetanus, diptheria)			Meningococcus (C or ACWY)	
	Polio ☐oral ☐injectable			Typhoid ☐oral ☐injectable	
	Measles			Yellow Fever	
	Mumps			Japanese Encephalitis	
	Rubella			Rabies	
	Hepatitis A			Pneumococcal	
	Hepatitis B			Influenza	
	Other:			Other:	

TRAVEL DETAILS	
DATE OF DEPARTURE:	DATE OF RETURN:

ANTICIPATED TRAVEL CONDITIONS (check all that apply)		
☐organized group travel	☐independent travel	☐hotel stays
☐dormitory / hostel stays	☐private home stay	☐visiting friends / relatives
☐camping / hiking / trekking	☐working with animals	☐providing healthcare
☐high altitude locations	☐other:	

DESTINATIONS:

COUNTRY	CITY / TOWN / AREA	RURAL?	LENGTH OF STAY
		☐Yes ☐No	
		☐Yes ☐No	
		☐Yes ☐No	
		☐Yes ☐No	
		☐Yes ☐No	

For staff use only

☐mefloquine	☐doxycycline	☐malarone	☐diamox
☐levofloxacin	☐immunization record	☐	☐