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| Please complete this form and email it to donccg.fieldroadreception@nhs.net. The Practice Nurse will contact you by phone to discuss your holiday requirements. |
| NAME | DATE OF BIRTH | **AGE** |
| ADDRESS  | **TEL** **Land** |
|  **Mobile** |
| May we have your permission to leave messages / voice mail? | **Yes No** |
| DATE OF DEPARTURE  |
| DATE OF RETURN |
| COUNTRIESPlease give details of the resorts/regions to be visited in the order they are to be visited. Remember to list any countries you will be travelling through. | **TIME IN COUNTRY**Days. | **PURPOSE OF TRIP**Business / Holiday / Visiting relatives. | **TYPE OF ACCOMODATION**Hotel / Hostel / Campsite / Family home. |
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|  |  |  |  |
| PLEASE LIST ANY ALLERGIES | PLEASE LIST ANY **REGULAR MEDICATION** |
| Any past history of mental illness including anxiety & depression: |
| Any recent chemotherapy or radiotherapy |
| Pregnant, planning a pregnancy or breast feeding: |
|  |
| Patient signature  | Date | **P.T.O.** |

**To be completed by the PRACTICE NURSE.**

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| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| Tetanus/Diptheria/Polio  |  |  |  |
| Hepatitis B |  |  |  |
| Hepatitis A |  |  |  |
| Typhoid |  |  |  |
| Yellow Fever |  |  |  |
| Rabies |  |  |  |
| Japanese Encephalitis |  |  |  |
| Malaria Tablets  |  |  |  |
| Other |  |  |  |
| **Nurse Signature** | **Date** |