TravelSafe Clinic

PHARMASAVE®
101-2280 East Hastings Street
(Garden Drive), Vancouver, BC

Appt call: **604.251.1975**
info@TravelSafeClinic.ca
www.TravelSafeClinic.ca

CLIENT INTAKE FORM 1

Last Name:	Middle Initial:	Date:
First Name:	Sex: ☐ M ☐ F	Personal Health Number:
Date of Birth: Y M D	Age:	Email: CDN Citizen: ☐ Y ☐ N
Address:	City/Prov:	Postal Code:
Name of Guardian:	Child's Weight:	Parental Consent (Signature):
Your Tel #:	Emergency Contact (EC) Tel #:	Name of EC:

ALLERGIES: ☐ NKDA ☐ NKA	**MEDICATIONS:**
Current Medical Conditions:	

Itinerary Destination (Country / Cities)	**Length of Stay** (Days / Weeks)	**Type of Travel** (Hotel, Backpacking, Work, Visit Family)

Immunization History (TO BE COMPLETED BY MEDICAL STAFF ONLY)	**Last Dose**	**Medical History** (TO BE COMPLETED BY CLIENT)	**Yes / No**
1. Tetanus / Diptheria		1. Fever in last 24 hours?	☐ Y ☐ N
2. Measles, Mumps & Rubella		2. Fainted from a vaccine?	☐ Y ☐ N
3. Polio		3. Immune suppression or taking immune suppression med?	☐ Y ☐ N
4. Varicella (Chicken Pox)		4. G6PD deficiency?	☐ Y ☐ N
5. Pertussis (Whooping Cough)		5. History of anxiety or depression?	☐ Y ☐ N
6. Hepatitis A		6. Digestive disorders (IBS, Colitis, Crohn's)?	☐ Y ☐ N
7. Hepatitis A / Typhoid (Vivaxim)		7. Pregnant or planning pregnancy?	☐ Y ☐ N
8. Hepatitis B		8. Heart disease?	☐ Y ☐ N
9. Hepatitis A / B (Twinrix)		9. Diabetes?	☐ Y ☐ N
10. Typhoid ☐ PO ☐ INJ		10. Disorder of liver, spleen or kidney?	☐ Y ☐ N
11. Meningitis		11. Recent blood transfusion or blood products?	☐ Y ☐ N
12. Yellow fever		12. Thymus disorder?	☐ Y ☐ N
13. Japanese encephalitis		13. Seizures, epilepsy?	☐ Y ☐ N
14. Rabies		14. History of Guillain-Barre Syndrome?	☐ Y ☐ N
15. Dukoral		15. Bleeding disorder?	☐ Y ☐ N
16. Influenza		16. Other?	☐ Y ☐ N
17. Pneumococcal		**HEALTH HISTORY NOTES (For Medical Staff Only):**	
18. HPV (Gardasil)			
19. Zostavax			
20. Other			

Consultant's Initials:	

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Client's Name:			**Date Stamp 1**:		
Consultant Discussed		**Recommended Vaccine**	**Dose**	**Lot #**	**Price $**
Food and water safety	☐	☐ Td ☐ TdP ☐ TdaP	☐ 1 ☐ 2 ☐ 3 ☐ B		$
Insect bites and precautions	☐	Polio	☐ 1 ☐ 2 ☐ 3 ☐ B		$
Hepatitis A	☐	MMR	☐ 1 ☐ 2		$
Typhoid	☐	Varicella	☐ 1 ☐ 2		$
Rabies	☐	Hepatitis A	☐ 1 ☐ 2		$
Meningitis	☐	Hepatitis B	☐ 1 ☐ 2 ☐ 3		$
Yellow fever	☐	Hepatitis A / B (Twinrix)	☐ 1 ☐ 2 ☐ 3		$
Malaria	☐	Hepatitis A / Typhoid (Vivaxim)	☐ 1 ☐ 2		$
Japanese encephalitis	☐	Rabies	☐ 1 ☐ 2 ☐ 3		$
STD prevention	☐	Yellow fever	☐ 1 ☐ B		$
Dengue/Chick/Zika	☐	Meningitis	☐ 1		$
Altitude sickness	☐	Japanese encephalitis	☐ 1 ☐ 2 ☐ B		$
Hepatitis B/C & HIV	☐	Typhoid ☐ PO ☐ INJ	☐		$
MVA	☐	Dukoral	☐ 1 ☐ B		$
Travel insurance	☐	Influenza	☐		$
☐ Sun Safety | ☐ Jet Lag | ☐ Medical Kit | ☐ Info Booklet Given		Pneumococcal 23	☐ 1		$
Prescriptions	**# Tablets**	Pneumococcal / Prevnar 13	☐ 1		$
Malarone		Zostavax	☐ 1		$
Doxycyline		HPV (Gardasil)	☐ 1 ☐ 2 ☐ 3		$
Mefloquine		Other			$
Chloroquine		Consult Fee			$
Cipro	☐ 6 ☐ 12	Tubersol TB skin test	☐ Yes ☐ No		$
Azithro	☐ 6 ☐ 12	➔ Time of skin test:			
Other		➔ Result (48-72 hrs later) ☐ Neg ☐ Pos	If Positive: ☐ Swelling ☐ Redness / Induration. Measurement in mm:		
Immunizer's Initials:		➔ Follow-up Required? ☐ Yes ☐ No	If Yes: ☐ Sent for chest x-ray	**TOTAL $**	**$**

Lab Work:	☐ HepBsAb | ☐ Hepatitis A | ☐ Varicella | ☐ MMR | ☐ Rabies | ☐ Requisition Given
Routine Schedule:	☐ 0, 1, 6 months Hepatitis B Twinrix | ☐ 0, 6 months Hepatitis A
Rapid Schedule:	☐ 0, 7, 21 days, 1 year Hepatitis B Twinrix | ☐ 0, 4+ weeks MMR | ☐ 0, 6 weeks Varicella

Date Stamp 2				**Date Stamp 3**			
Vaccine	**Dose**	**Lot #**	**Price $**	**Vaccine**	**Dose**	**Lot #**	**Price $**
☐ Td ☐ TdP ☐ TdaP	☐ 1 ☐ 2 ☐ 3 ☐ B		$	☐ Td ☐ TdP ☐ TdaP	☐ 1 ☐ 2 ☐ 3 ☐ B		$
Polio	☐ B		$	Polio	☐ B		$
MMR	☐ 1 ☐ 2		$	MMR	☐ 1 ☐ 2		$
Varicella	☐ 1 ☐ 2		$	Varicella	☐ 1 ☐ 2		$
Hepatitis A	☐ 1 ☐ 2		$	Hepatitis A	☐ 1 ☐ 2		$
Hepatitis B	☐ 1 ☐ 2 ☐ 3		$	Hepatitis B	☐ 1 ☐ 2 ☐ 3		$
Hepatitis A/B (Twinrix)	☐ 1 ☐ 2 ☐ 3		$	Hepatitis A/B (Twinrix)	☐ 1 ☐ 2 ☐ 3		$
Hepatitis A/Typhoid (Vivaxim)	☐ 1 ☐ 2		$	Hepatitis A/Typhoid (Vivaxim)	☐ 1 ☐ 2		$
Rabies	☐ 1 ☐ 2 ☐ 3		$	Rabies	☐ 1 ☐ 2 ☐ 3		$
Yellow fever	☐ 1 ☐ B		$	Yellow fever	☐ 1 ☐ B		$
Meningitis	☐		$	Meningitis	☐		$
Japanese encephalitis	☐ 1 ☐ 2 ☐ B		$	Japanese encephalitis	☐ 1 ☐ 2 ☐ B		$
Typhoid ☐ PO ☐ INJ	☐		$	Typhoid ☐ PO ☐ INJ	☐		$
Dukoral	☐ 1 ☐ B		$	Dukoral	☐ 1 ☐ B		$
Influenza	☐		$	Influenza	☐		$
Pneumococcal 23	☐ 1		$	Pneumococcal 23	☐ 1		$
Pneumococcal / Prevnar 13	☐ 1		$	Pneumococcal / Prevnar 13	☐ 1		$
Zostavax	☐ 1		$	Zostavax	☐ 1		$
HPV (Gardasil)	☐ 1 ☐ 2 ☐ 3		$	HPV (Gardasil)	☐ 1 ☐ 2 ☐ 3		$
Other			$	Other			$
Immunizer's Initials:		**TOTAL $**	**$**	**Immunizer's Initials:**		**TOTAL $**	**$**

Date Stamp 4							
Vaccine	**Dose**	**Lot #**	**Price $**	**Vaccine**	**Dose**	**Lot #**	**Price $**
☐ Twinrix ☐ Hepatitis B	☐ 4		$	Other	☐ 4		$
Immunizer's Initials:		**TOTAL $**	**$**	**Immunizer's Initials:**		**TOTAL $**	**$**

CLINIC NOTES: