

LABEL

## Patient Travel Consultation

Departure date from U.S. \_\_\_\_\_

### TRAVEL ITINERARY

Destination(s)	Urban/Rural	Length of Stay	Purpose of Travel	Lodging	Planned Activities

**MEDICAL HISTORY**

Childhood Immunizations Up To Date       Yes    No    Unknown

**Medical Conditions:**

- Hypertension
- Cardiovascular Disease
- Diabetes
- Epilepsy
- Other: \_\_\_\_\_

**Current Medications or Treatments:**

**Allergies to Medication or Food:**

**Vaccinations or Medications for this Trip from Other Providers:**

<b>Category</b>	<b>Code</b>
<b>Purpose of Travel</b>	<b>T</b>
Leisure	T1
Business	T2
Returning to region of origin of self or family	T3
Adoption	T4
Providing medical care	T5
Receiving medical care	T6
Research/education	T7
Non-medical service work	T8
Missionary work	T9
Military Service	T10
Adventuring(extreme mountaineering, water sports)	T11
Attending large gathering/event	T12
Other please specify	T13
<b>Planned Activities</b>	<b>A</b>
Fresh-water swimming or recreation in natural water	A1
Traveling by motorcycle or bicycle	A2
Contact with animals	A3
High altitude	A4
<b>Lodging</b>	<b>L</b>
Camping(not including luxury safari accommodations)	L1
Dormitory or hostel	L2
Home stay with relatives	L3
Home stay with non relatives	L4
Hotel	L5
Cruise	L6
Other Lodging please specify	L7