

Travel Medicine Consultants of Long Island, P.C.

PATIENT QUESTIONNAIRE

Please fill out this form and bring it with you to your appointment

Name:	Date of Birth:	Sex: M/F
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Street:	Social Security #:
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City, State: Zip:	Phone:
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QUESTIONS FOR WOMEN:

Are you pregnant, suspect you may be pregnant, or trying to become pregnant? Yes/No

If pregnant, how many weeks?

Are you breast feeding? Yes/No

INFORMATION ABOUT YOUR TRAVEL PLANS:

Date of Departure:	Length of Trip:
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Please indicate, in the order in which you will visit them, the countries to which you will be traveling. Also, indicate length of stay in each country (please bring complete details of your itinerary to your appointment).
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Is your travel to: urbanized areas, rural areas, urban and rural areas. (Please circle one).
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What is the reason for your travel (pleasure, business, medical work):
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How did you hear about our services?

Travel Medicine Consultants of Long Island, P.C.

PATIENT QUESTIONNAIRE (2)

Name: _____ Date of Birth _____

BRING WITH YOU ANY IMMUNIZATION RECORDS. You may have to check with previous health care providers.

Disease name	Had disease-list date	Had vaccines-list date
Measles(rubeola)	_____	_____
Mumps	_____	_____
Rubella (German measles)	_____	_____
Chicken Pox (varicella)	_____	_____

1. Have you received at least 3 doses of tetanus/diphtheria (Td) vaccine in the past (this includes DPT as a child)?	1. Yes / No
II. When was your last tetanus/diphtheria?	II. _____
III. Have you received at least 3 doses of polio vaccine, including childhood doses?	III. Yes / No
IV. When was your last dose of polio vaccine?	IV. _____

Circle any of the following that you are allergic to:

Eggs Bee Stings Sulfa Neomycin Streptomycin Thimerisol

Other allergies: _____

Are you currently being treated for cancer? Yes / No

Do you have a deficiency of the immune system? Yes / No

Do you have any existing medical conditions, such as diabetes, heart disease, or lung disease. Please explain:

List all medications you are currently taking, either prescription or over the counter:
