



YOUR PHARMACIST CAN NOW CARRY OUT NEW PROFESSIONAL FUNCTIONS

TRAVEL HEALTH CONSULTATION

Information required to prepare your consultation

Your pharmacist can advise you to prevent or treat certain health issues by recommending over-the-counter medication, by prescribing prescription medication, or by offering simple tips to obtain relief.

Your pharmacist needs to know several pieces of information to best serve you. By offering all the information needed, you can help your pharmacist complete his/her work. The information gathered will be stored confidentially in your record.

Once the questionnaire has been completed, bring it to the consultation with the pharmacist, who will meet with you to assess the situation and to recommend an appropriate alternative.

Section 1 - GENERAL INFORMATION

Last name _____ First name _____

Gender M F

Date of birth ____/____/____

Family doctor _____ I don't have family doctor

Do you have allergies or intolerances to medication, food or any other substances?

Are you taking medications or natural products that are not indicated in your pharmacy record?

Do you smoke? Yes No If so, how many cigarettes per day? _____

How much do you weigh? _____ kg _____ lb

Are you pregnant? Yes No It's possible If so, what is your due date? ____/____/____

Are you breastfeeding? Yes No

Section 2 - TRAVEL INFORMATION

What region(s) will you be visiting and how long will you be travelling?

Region _____ Duration _____

Region _____ Duration _____

Region _____ Duration _____

Region _____ Duration _____

Have you ever received a vaccine for the following diseases:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Cholera | <input type="checkbox"/> Japanese encephalitis | <input type="checkbox"/> Meningococcal meningitis | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Yellow fever | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella (German measles) |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Typhoid fever | <input type="checkbox"/> Pneumococcus | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Tick-borne encephalitis | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | <input type="checkbox"/> Chickenpox |
| | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rabies | <input type="checkbox"/> Human Papilloma Virus |
| | <input type="checkbox"/> Flu (current year) | | |