

**Travel Clinic - Travel Enquiry Form**  
**www.islandhealth.co.uk**

Please complete the first section of this form (**ONE FORM FOR EACH PATIENT**) and either hand to a member of staff at your surgery or return to our Town Surgery at Frances House, Sir William Place, St Peter Port GY1 1GX

**DATE OF ENQUIRY**.....

**ENQUIRY RECEIVED BY:**.....

**1. PERSONAL DETAILS**

**PATIENT'S NAME** ..... **PATIENT NO.** .....

**DATE OF BIRTH** ..... **E-MAIL ADDRESS** .....

I consent to the Practice using my e-mail address to contact me.

**CONTACT NUMBER & BEST TIME TO CALL**.....

**CONTACT NUMBER WHILE AWAY**.....

**FURTHER INFORMATION**

<b>Weight of Child</b> _____	<b>Do you think you could be pregnant?</b> YES/NO
<b>Current Health Problems:</b>	<b>Allergies:</b>

**2. DETAILS OF TRIP**

**DETAILS OF ACCOMMODATION** Camping / Hotel / Backpacking / Private / Hostel / Cruise

**REASON FOR TRIP i.e.** Business / Surgical Procedure / Pleasure / Charity

*If for Charity, which one and what type of Charity work are you undertaking?.....*

**ALL COUNTRIES AND SPECIFIC AREAS IN ORDER TO BE VISITED**.....

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**DATE OF TRIP** ..... **HOW LONG IN DESTINATION** .....

**ACTIVITIES BEING UNDERTAKEN ABOARD:**.....

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