

Snoqualmie Valley Clinic
38700 SE River Street
Snoqualmie, WA 98065
Phone: 425-888-2299
Fax: 425-888-1204

Monday-Friday, 9 a.m.-6 p.m. Open Saturdays

Try to complete the travel form to the best of your ability, though it does ask a lot of information! If unknown, we will discuss together at your visit.

Travel medicine is about an overall assessment of your health needs and risks for your planned trip; we want you to have the best possible experience. Understanding your medical background and current concerns helps me partner together with you to review current recommendations and advice that works most effectively for you.

Marybeth Lambe MD FAAFP
International Society of Travel Medicine
Wilderness Society
Geo Sentinel Network
International Society for Infectious Diseases
Travel Medicine Society of Ireland
The American Society of Tropical Medicine and Hygiene
American College of Preventive Medicine
CDC Accreditation: Malaria, Rabies, Yellow Fever
International Association Medical Assistance for Travelers
International Society for Mountain Medicine

TRAVEL VISIT (to be completed by traveler)

Name: _____

Date of Birth: _____

Today's Date: _____

Where you will be traveling _____

Duration of Travel _____

Date you will be leaving the US: _____ Date you will arrive back in the US: _____

As a small child, did you grow up in the USA? Yes___ No___

Did you have your routine childhood vaccinations? Yes___ No___

Who referred you to our Travel Clinic? _____

Have you been in the military? We ask this because you may have received multiple vaccinations while in the service. _____

TRAVEL DRUG ALLERGIES **No allergies**_____

Do you have allergies to: __ Vaccines __ Mercury/Seafood/Eggs

__ Antibiotics __ gelatin, __ Thimerosal __ Other: _____

__ Insect bites __ Latex __ Neomycin __ Streptomycin

Name _____

Medications (including non-prescription, supplements): **None**____

MEDICAL HISTORY:

Current Medical worries or concerns? **No**____

Do you have of these medical risk factors? **None**____

High blood pressure Yes__ No__ High cholesterol Yes__ No__

Abnormal heart rhythm or murmur Yes__ No__

History of blood clots lungs or legs Yes__ No__ Lung problems Yes__ No__

Fainting spells Yes__ No__ Diabetes Yes__ No__

Kidney Disease Yes__ No__

Frequent sinus or respiratory infections Yes__ No__

Leukemia or Cancer Yes__ No__ Spleen Removal Yes__ No__

HIV or AIDS Yes__ No__ Neurologic Diseases Yes__ No__

Emotional struggles Yes__ No__

Psoriasis Yes__ No__

History of Thymus (NOT Thyroid) problems (eg. myasthenia gravis, DeGeorge Syndrome, thymoma)

Yes__ No__

Been treated with immunosuppressive medication Yes__ No__

Do you have a prior history of: **None**____

(Malaria medicine impact)

Anemia Yes__ No__

Anxiety, Depression, frequent Nightmares Yes__ No__

Sleep disturbance Yes__ No__

Sun sensitivity Yes__ No__

Gastrointestinal problems Yes__ No__

Thyroid Disorder? Yes__ No__

(Live Vaccine impact) **None of the below**____

Immunosuppression (HIV, Cancer, Chemo, Steroids, Diabetes) Yes__ No__

Any at home pregnant, with active cancer, or immunosuppressed? Yes__ No__

Name_____

Seizure history? Yes__ No__ Hepatitis, liver disease? Yes__ No__

Thymus disorder? Yes__ No__ Myasthenia Gravis Yes__ No__

(Flight impact) None of the below____

Severe jetlag, insomnia, flight anxiety Yes__ No__

Ear problems or recurrent infection? Yes__ No__

History of blood clots in self or family Yes__ No__

Concerns over excessive alcohol or other medication dependence? Yes__ No__

If going to altitude--prior history of difficulty at altitude? Yes__ No__

Name_____

Migraines Yes__ No__ Asthma Yes__ No__

Stroke or other neurologic event Yes__ No_____

Are you pregnant, breast-feeding, planning a pregnancy? Yes__ No__NA__

Last menstrual period: _____ Type of birth control: _____

Prior Surgeries and Dates: _____

PRIOR IMMUNIZATIONS/DATE (S): Call your Mother!

Yearly Influenza?_____

Tetanus/ Diphtheria/ Pertussis(in the last 5-10 years?) _____

__ MMR #1_____ #2_____

Polio Dates_____ Oral or shot form_____

__Chicken Pox (Varicella) __ #1_____ #2_____ __ Disease?_____

__ Hepatitis A #1_____ #2 _____

__ Hepatitis B #1 _____ #2_____ #3_____

__ Meningococcal _____

Age related vaccines:

Shingles (age over 50 years) _____

__Pneumococcal (young children and elderly) __Rotavirus (infants) HIB_____

Travel Vaccines

Yellow Fever _____

Rabies _ #1_____ #2_____ #3_____

Typhoid _____

Japanese Encephalitis _____ Cholera_____

Do you have any other health issues not mentioned above?

Home Phone _____ Work Phone_____

Cell Phone_____

Emergency Contact_____ Relationship_____

E-mail address_____ May we leave message on phone? Preferred contact?

ITINERARY: Destination(s) of Travel (include dates of arrival and departure for each country and rural travel expected for each List countries in order of itinerary

Name_____

Dates: _____ Country: City/State/Region:

Elevation (if known)

SPECIAL ACTIVITIES: _e.g. Climbing_Biking? Water activities?_Scuba Diving (Fresh Water, Salt water?) _____ -

ACCOMMODATIONS and Purpose: Urban/Rural__ Private home__ Cruise ship__
1st Class hotels__ Camping__ Religious Reasons__
Other hotels__ Tour group__ Adoption trip__ Mission Trip__ Prison visits__
Refugee Camps__

If this is a long trip with multiple stops, please read below:

If you are going on a long sojourn we would like to review your itinerary very carefully. Below, please list each country individually in the order you will be visiting each country. You can list them on a separate sheet of paper. Some shots depend upon which country you are coming from before entering another country.

If you are uncertain of spelling or city location and region:

Two helpful map sites are <http://www.un.org/Depts/Cartographic/english/htmain.htm> and http://www.lib.utexas.edu/maps/map_sites/country_sites.html

CRUISE SHIPS - Identify your starting country, then list your exact itinerary. State all ports where you will be exiting the ship, any activities and for how long. You do not need to complete a separate page for each country.

MULTIPLE DESTINATIONS IN ONE COUNTRY (without leaving the country) - Identify the starting city/region and then list the other cities in order with the number of days and activities. You can list them on a separate sheet of paper.

These are the details we need to know:

Country and Region (if known)____
Elevation__ (if known)
Proper order of destinations travelled
Number of days in location__
Urban?_ Rural?__ Airport Layover?__ Cruise ship port?__ Tour group__

Questions? Comments? Call or e-mail Dr. Lambe

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