

Broadway Medical Centre

Pre-Travel Questionnaire

For us to give you the best travel advice, please complete the following questionnaire in as much detail as possible. Once you have completed your questionnaire, please email it to: enquiries@broadwaymed.co.nz or drop it in at reception. Once we have reviewed your questionnaire, a staff member will be in touch to arrange the appropriate appointment.

GP Consultation:	\$122.00 (Vaccinations are additional, a list of common vaccinations is listed at the bottom of this form)
Nurse Consultation: (if applicable)	\$22.50 per appointment

Name:	DOB:	Age:	
Your Trip:			
Departure Date:	Length of Trip:		
What is the main reason for your travel? (Please tick)			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Work/Business	<input type="checkbox"/> Visiting friends or family	
<input type="checkbox"/> Volunteering	<input type="checkbox"/> For Healthcare	<input type="checkbox"/> Study	
<input type="checkbox"/> Other – Please specify			
Will you be predominantly in urban or rural areas?			
<input type="checkbox"/> Urban	<input type="checkbox"/> Rural		
Do you plan any of these activities?			
<input type="checkbox"/> Scuba diving	<input type="checkbox"/> High altitude	<input type="checkbox"/> Travel to remote areas	
<input type="checkbox"/> Providing medical care	<input type="checkbox"/> Working with animals	<input type="checkbox"/> Climbing	
<input type="checkbox"/> Other (please specify)			
Have you taken out travel insurance, and have you informed the insurance company of any pre-existing medical conditions or any plans for adventurous activities?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Your Itinerary			
Please list in order the countries you intend to visit, and how many days you plan to spend in each one:			
Country	Main Destinations	Rural or Urban	Length of Stay

Your Health			
Have you travelled to developing countries before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where?			
Did you have any problems while there? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify:			
Have you ever taken anti-malarial tablets? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which one?			
Do you have any specific health concerns or questions regarding this trip? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify:			
Do you have any concerns about vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify:			
Have you ever felt faint, or fainted after an injection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have, or have you ever had any of the following medical conditions:			
<input type="checkbox"/> Heart disease (including previous heart attack or stroke)	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Blood Clot	<input type="checkbox"/> Other cardiac condition
<input type="checkbox"/> Asthma	<input type="checkbox"/> COPD	<input type="checkbox"/> Other respiratory conditions	
<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety/Panic attacks	<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Other mental health conditions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Cancer (including type)	<input type="checkbox"/> Thyroid condition	<input type="checkbox"/> Liver condition
<input type="checkbox"/> Kidney condition	<input type="checkbox"/> Skin condition	<input type="checkbox"/> Immune system condition	<input type="checkbox"/> Epilepsy/seizures
<input type="checkbox"/> Arthritis/joint problems	<input type="checkbox"/> Any other long-term conditions (please specify)		
Recent hospitalisation: If yes, please specify:			
Do you have any weakness or a lowering of your immune system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify:			
Do you have any other health problems? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please list ALL medications you are currently taking, or take occasionally:			
Do you have any medication allergies? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any other allergies? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any family history of blood clots?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Women: Could you be pregnant now, or are you planning a pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently breastfeeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently unwell in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vaccinations:		
Did you receive your childhood vaccinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What other vaccinations have you had? (Please list below, and bring records if you have them)		
Date	Vaccine	Number of doses given
Please indicate which statement is the MOST true for you:		
<input type="checkbox"/> I would like every available vaccine and/or medication recommended for my destination		
<input type="checkbox"/> I will consider all vaccines and medications and decide which ones I would like		
<input type="checkbox"/> I only want vaccines that I am legally required to have		
<input type="checkbox"/> Other, please specify		
Do you have any questions?		

Commonly Prescribed Vaccines	Cost (As at 29 August 2024, please check with reception for up-to-date pricing)
Hepatitis A	\$96.00
Hepatitis B	\$45.00
Polio	\$85.00
Tetanus	\$55.00
Typhoid	\$86.00
Influenza	\$30.00 - \$45.00
Please Note: Vaccine costs are to be paid in full before your nurse appointment is made	

Haere tū atu, hoki tū mai

Go well and return in good health, have a safe trip