



12802 – 137 Avenue  
Edmonton AB T5L 4Y8  
Phone: 780 – 406 – 0808  
Fax: 780 – 478 – 2888  
[info@palisadespharmacy.ca](mailto:info@palisadespharmacy.ca)  
[www.palisadespharmacy.ca](http://www.palisadespharmacy.ca)

## Travel Consult

Please complete this form and email/fax/drop-off to Palisades Pharmacy in advance of your appointment

### General Information

Last Name:	First Name:	Date of Birth: YYYY/MM/DD
Address:	City:	Postal Code:
Email:	Phone: (home) (    )	(cell) (    )
AB Health Care:	Family Dr:	

### Medical History

Allergies: (Check all that apply)	Reaction:
<input type="checkbox"/> Antibiotics (e.g., penicillin, sulfa) _____ <input type="checkbox"/> Other medications _____ <input type="checkbox"/> Egg <input type="checkbox"/> Latex <input type="checkbox"/> Seasonal <input type="checkbox"/> Other :	
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use cannabis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your height?	
What is your weight?	

**Health History (Check all that apply)****Cancers/Blood disorders**

- Coagulation disorder
- History of cancer
- History of blood clots

**Cardiovascular**

- Arrhythmia
- Pacemaker or automatic defibrillator
- Heart attack
- High cholesterol
- High blood pressure
- Stroke
- Other

**Endocrine**

- Diabetes
- Thyroid disease

**Gastrointestinal**

- Crohn's disease or ulcerative colitis
- Irritable bowel disease
- Chronic hepatitis
- Cirrhosis or liver failure
- Other:

**Immune system**

- Steroids by mouth within the last 3 months
- Immune suppressive medications or treatments within the last 3 months (ex. radiation, cancer chemotherapy drugs, methotrexate, azathioprine)
- Spleen removed
- Thymus disease or removed
- HIV / AIDS
- Organ, bone marrow, stem cell transplant
- Other

**Kidneys**

- Dialysis
- Kidney insufficiency
- Other:

**Lungs**

- Asthma
- Emphysema/COPD
- Other:

**Musculoskeletal**

- Rheumatoid arthritis
- Psoriatic arthritis
- Other:

**Neurological/Psychiatric**

- Seizures or epilepsy
- Anxiety or depression
- History of Guillain Barre
- Other:

**Skin**

- Psoriasis
- Other:

**OB/GYN**

- Pregnant \_\_\_\_\_ weeks/trimester
- Breastfeeding
- Possible pregnancy in the next 3 months
- Other:

**Medication List**

Please include over-the-counter products and natural health products

Medication	What is it for?

## Vaccination History

### Have you ever received any of the following vaccinations ?

- Hepatitis A  Yes When? \_\_\_\_\_  No  Unsure
- Hepatitis B  Yes When? \_\_\_\_\_  No  Unsure
- Meningococcal  Yes When? \_\_\_\_\_  No  Unsure
- Measles / Mumps / Rubella  Yes When? \_\_\_\_\_  No  Unsure
- Polio  Yes When? \_\_\_\_\_  No  Unsure
- Tetanus  Yes When? \_\_\_\_\_  No  Unsure
- Typhoid  Yes When? \_\_\_\_\_  No  Unsure
- Japanese Encephalitis  Yes When? \_\_\_\_\_  No  Unsure
- Yellow fever  Yes When? \_\_\_\_\_  No  Unsure
- Rabies  Yes When? \_\_\_\_\_  No  Unsure
- Varicella (Chicken Pox)  Yes When? \_\_\_\_\_  No  Unsure
- Other:

## Travel Details

Destination 1:	Arrival date:	Departure date:
	YYYY/MM/DD	YYYY/MM/DD
Destination 2:	Arrival date:	Departure date:
	YYYY/MM/DD	YYYY/MM/DD
Destination 3:	Arrival date:	Departure date:
	YYYY/MM/DD	YYYY/MM/DD

### Purpose of Travel:

- Business / Work  Vacation  Visiting family  Backpacking  Volunteer / Mission

### Will you be:

- Visiting rural or remote areas?  Yes  No  Unsure
- Visiting urban areas?  Yes  No  Unsure
- Ascending to altitudes of 8000ft or higher?  Yes  No  Unsure
- Have potential exposure to bodily fluids (ex. medical or dental work)?  Yes  No  Unsure
- Working with animals?  Yes  No  Unsure
- Potentially having new sexual partners?  Yes  No  Unsure

### Accommodations: (Check all that apply)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Resort/large hotel         | <input type="checkbox"/> Small hotel                   | <input type="checkbox"/> Guest house                           | <input type="checkbox"/> B&B               |
| <input type="checkbox"/> Cruise ship                | <input type="checkbox"/> Primitive                     | <input type="checkbox"/> Up-scale camp/lodge                   | <input type="checkbox"/> Dormitory/ hostel |
| <input type="checkbox"/> Private home (with locals) | <input type="checkbox"/> Private home (with relatives) | <input type="checkbox"/> Private home (expatriate or high-end) | <input type="checkbox"/> Other             |