



# Travel Consult

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

## Patient Information:

Name:  Date of Birth:

Address:

City:  Postal Code:

Alberta Health Care Number:

Family Doctor:

## Medical History:

Allergies and reaction to the allergen:

Do you smoke?  Yes  No

Do you use cannabis?  Yes  No

Do you drink alcohol?  Yes  No

Are you?  Pregnant  Breastfeeding

## Medical Conditions: (Check all that apply)

Heart Condition

Ulcerative colitis

Rheumatoid arthritis

Diabetes

Spleen removed

Seizures or epilepsy

Kidney disease

Thymus disease

Anxiety or depression

Lung disease

HIV/AIDS

Cancer (current or history of)

Thyroid disease

Organ, bone marrow, stem cell transplant

History of blood clots

Liver disease

Other:



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## Medication List:

In the last three months, have you had any

- Oral steroids within the last 3 months
- Immune suppressive medications or treatments, such as chemotherapy, methotrexate, azathioprine

## Vaccine History:

**Trip Details:** (include all destinations and dates)

Will you be:

- |  |  |
|--|--|
| <input type="checkbox"/> Visiting rural or remote areas?             | <input type="checkbox"/> Potentially having new sexual partners?   |
| <input type="checkbox"/> Ascending to altitudes of 8000ft or higher? | <input type="checkbox"/> Having potential exposure with blood/bodily fluids (ex. Medical or dental work) |
| <input type="checkbox"/> Staying with friends or family?             | <input type="checkbox"/> On a cruise ship?   |
| <input type="checkbox"/> In contact with animals?                    |  |