Travel Medicine
Northwestern Medical Group
312.926.3155
northwesternmedicine.org

TRAVEL MEDICINE SCREENING QUESTIONNAIRE

PATIENT INFORMATION

Legal Name: _____ **Date of Birth:** _____

Phone: _____ **Email:** _____

Address/Unit: _____ **City/State/Zip:** _____

GENERAL HEALTH

Are you allergic or hypersensitive to any of the following? (Check all that apply)

☐ Eggs ☐ Formaldehyde ☐ Gelatin ☐ Latex ☐ 2-phenoxyethanol

☐ Aluminum ☐ Thimerosol/Mercury ☐ Bees/Wasps ☐ Neomycin ☐ Yeast ☐ None

Do you have any other medication allergies (Sulfa, Erythromycin, Tetracycline, etc.)? Please list: _____ ☐ None

Have you ever had a bad reaction or side effect from any vaccination? ☐ Yes ☐ No

MEDICATIONS

Please list all the medications/injections you are currently taking, including over the counter medications and vitamins/minerals:

MEDICAL HISTORY

Have you ever fainted from having your blood drawn or from an injection?	☐ Yes	☐ No
Do you **live (or work closely) with** anyone who has cancer, HIV/AIDS, or any immune disorder?	☐ Yes	☐ No
Do **you have** cancer, HIV/AIDS, or any immune disorder?	☐ Yes	☐ No
Have you taken steroids (such as Prednisone or Medrol) within the past 6 months?	☐ Yes	☐ No
Have you had any chemotherapy/radiation therapy in the past 6 months?	☐ Yes	☐ No
Have you taken any TNF Inhibitors?	☐ Yes	☐ No
Do you smoke?	☐ Yes	☐ No
Are you on Coumadin™ or Warfarin (or other blood thinners)?	☐ Yes	☐ No

If yes: Date last INR: _____ INR value: _____

Have you had or do you currently have any of the following? (Check all that apply)

☐ Fever in the past 48 hours ☐ Heart disease ☐ Other psychiatric problems

☐ Cancer ☐ Kidney disease ☐ Psoriasis

☐ HIV/AIDS ☐ Hepatitis / liver disease ☐ Eye disease/condition

☐ Arrhythmia (irregular heartbeat) ☐ Bipolar disorder ☐ G6PD deficiency

☐ Low platelet count/coagulation disorder ☐ Depression / anxiety ☐ Convulsion/seizures/epilepsy

☐ History of IBS ☐ History of Guillian Barre Syndrome ☐ Asthma

☐ GI Disorders or Bleeding Gastric ulcer ☐ History of Thymus Gland removal ☐ Chronic bronchitis

☐ Other (including respiratory diseases) – Please specify: _____

For women only: Date of last menstrual period: _____ ☐ Post Menopause

Are you pregnant?	☐ Yes	☐ No	☐ Not applicable
Are you planning to become pregnant within the next year?	☐ Yes	☐ No	☐ Not applicable
Are you using birth control measures?	☐ Yes	☐ No	☐ Not applicable
Are you breastfeeding?	☐ Yes	☐ No	☐ Not applicable

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ITINERARY

Date of Departure: _____ **Length of travel:** _____

Reason for traveling: ☐ Vacation ☐ Business ☐ Missionary/Healthcare ☐ School Trip

Destinations: _____

(in order of arrival) _____

_____

Which of the following living accommodations will you be utilizing? (check all that apply)

☐ Hotels ☐ Organized tented camps ☐ Cruise ship
☐ Hostels ☐ Camping on your own ☐ Dormitories
☐ Host/local homes ☐ Enclosed beach housing ☐ Orphanages

Will your living accommodations have any of the following? (check all that apply)

☐ Screening ☐ Mosquito netting ☐ Air conditioning

Will you be visiting friends or relatives? ☐ Yes ☐ No

What will be the source of your drinking water? _____

RESIDENCY HISTORY

What country were you born in? _____

Are you a US citizen? ☐ Yes ☐ No: Naturalization Year: _____

Have you ever lived outside of the US for any period of time? ☐ Yes ☐ No

Country/countries & length of stay: _____

_____

CONTINUANCE OF CARE

Northwestern Medicine may need to prescribe medications for you. Please provide the following information about your preferred pharmacy.

Pharmacy Name: _____ **Phone Number:** _____

Street Address: _____ **City/State/Zip:** _____

If your primary care provider is not a member of Northwestern Medical Group and you would like the medical notes created for today's visit sent to him/her, please provide us with their office's contact information.

Physician Name: _____ **Phone Number:** _____

Street Address: _____ **City/State/Zip:** _____

How did you hear about us?

☐ Family/friend ☐ Travel agency ☐ Referred by physician
☐ Internet search ☐ Employer ☐ Other: _____

Please give this form to the front desk when completed.