

Travel Medicine Kit Questionnaire

Name _____ Date of Birth _____

What country / countries are you traveling to?

What is your date of departure? _____

How long will you be gone? _____

What conditions are you anticipating?

(Will you be in cities staying in hotels, with friends, in hostels, or will you be in rural areas? Sight seeing with westerners or experiencing native life? What sort of sanitation, air, water and food quality do you anticipate?)

Allergies to

Drugs: _____

Foods: _____

Insect bites: _____

Other: _____

Do you have a current epi-pen?

Chronic health conditions:

Diabetes / blood sugar issues: _____

Allergies / Asthma: (especially life threatening cases of either) _____

Gastro-intestinal problems: _____

Menstrual / female issues: _____

Sleep issues: _____

Heart / blood pressure: _____

Other: _____

Current medications:

Do you need refills on any prescriptions before you go?