

Consultation Questionnaire

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South
Calgary
Travel Clinic

Name:

Date:

Travel Details

Date of departure:

Date of return:

Country(s) you will visit:

Locations within the country(s) you will be staying:

Will you be staying: In a hotel With friends/relatives In a tent At a resort *(Check all that apply)*

Medical Details

Current medical conditions:

Medications you currently take:

Do you have any allergies? Yes No
To any Medications? Yes No
To Eggs? Yes No **PLEASE INFORM PROMPTLY IF ALLERGIC TO EGGS**

If you answered Yes to any of the above, please provide details:

Have you received travel vaccinations? Yes No

If yes, when:

Please detail any travel vaccinations:

Are you pregnant or planning pregnancy? Yes No



Medical Details continued

Did you receive a primary series of vaccinations as a child? Yes No

Have you ever taken malaria medications before? Yes No

If yes, please detail what you have taken, and when:

Estimated current weight:

Please read and sign the following. Parents must sign for minor children.

I consent to receive services as outlined in this document. I understand that medication may not provide complete protection against disease. I also understand that like all medications, vaccines can have rare but serious side effects including severe allergic reaction. I will remain in the clinic following any injection until a staff member indicates that I may leave.

Signature: _____ Printed name: _____

Clinic Fees

| Travel Consultation | | Limited Consultation (Mexico/Caribbean Resort) | |
|---------------------|--------------|--|--------------|
| Individual: | \$75 | Individual: | \$50 |
| Couple: | \$125 | Couple: | \$85 |
| Family (up to 4): | \$150 | Family (up to 4): | \$100 |
| Additional family: | \$35 | Additional family: | \$35 |

Additional Fees

Return visit for vaccination: **\$20** (Does not include cost of vaccination)

Vaccinations Fees (In addition to consult fees, vaccinations may be required as part of your trip preparation)

| | | | |
|-------------------|-------------------------|------------------------------|-------------------|
| Hepatitis A | \$65 / \$40 Kids | Tetanus/Diphtheria/Pertussis | \$55 |
| Hepatitis B | \$40 / \$25 Kids | Mantoux | \$40 |
| Hepatitis A and B | \$75 / \$45 Kids | TD Polio | \$75 |
| Yellow Fever *** | \$130 | Polio | \$60 |
| Meningococcus | \$160 | J. Encephalitis | \$220 each |
| Rabies (0, 7, 21) | \$220 each | Typhoid | \$55 |
| Vivaxim | \$110 | | |

All prices subject to change.

All family members must attend the same appointment and have the same itinerary to qualify for family pricing. Only one trip will be considered per consultation. Please re-book for additional travel. Request for Yellow Fever vaccination will require consultation.

As part of your vaccination schedule, some vaccines may require more than one injection. Return visits for vaccinations will be subject to an additional \$20 injection per person. No additional consult fee will apply for follow up visits for the same itinerary.

*** During Yellow Fever vaccine shortage a fractional dose may be required. Talk to the doctor about scheduling and cost.