# **Consultation Questionnaire**

Are you pregnant or planning pregnancy?

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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: ☐ Yes ☐ No Have you received travel vaccinations? If yes, when: Please detail any travel vaccinations:

☐ 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?  If yes, please detail what you have taken, and when:	□ Yes □ No			
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.

## **Clinic Fees**

Travel Consultation		Limited Consultation	Limited Consultation (Mexico/Caribbean Resort)	
Individual:	\$70	Individual:	\$50	
Couple:	\$120	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/Diptheria	\$25
Hepatitis B	\$40 / \$25 Kids	Flu Shot	\$25
Hepatitis A and B	\$75 / \$45 Kids	Mantoux	\$35
Yellow Fever	\$125	TD Polio	\$75
Meningococcus	\$160	Polio	\$60
Rabies (0, 7, 21)	\$220 each	Dukoral	\$80
Vivaxim	\$110	T-B Encephalitis	\$95
Typhoid	\$55	J. Encephalitis	\$220 each

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 administration fee of \$20 per injection per person. Prices apply to each injection, and fees will apply to repeat and booster injections at the time of return visits.