



Instructions for completing **Travel Clinic Intake Form**

Please complete the Travel Clinic Intake Form form using the instructions below. Accurately completing this form will enable your visit to our Travel Clinic to run much more smoothly and reduce length of your visit. Please call our office at 310-459-7736 if you have any questions regarding the completion of this form and ask for one of our staff to assist you.

Enter your name, data of birth, and best contact telephone number(s).

Section I. Itinerary

- List your travel plans in the order you will be visiting each location. For each destination, check if you will be visiting a rural or urban area. Under “length of stay”, list how long you will be staying in each area. Please indicate if any sections of your trip will involve backpacking or trekking. The more detail you can provide; the more we can help ensure a safe trip.

Section II. Medical History

- Chronic Medical Problems- List any ongoing medical conditions for which you are being treated. Also, list any significant medical problems you have had in the past.
- Allergies- List any drugs that have caused an allergic reaction. If possible, list what type of reaction you had to the drug, for example, a rash.
- Current Medications- List only the medications that you are currently taking, including those that you take on an as needed basis and any vitamins or dietary supplements. Please list the dosage that you are taking and how often you take the drug.
- Prior Surgery- List any surgery that you have ever had and the date, if possible.
- Primary Physician- If you have a primary care physician list the name and phone number.
- Other Treating Physicians- List any other physicians whom you see on a regular basis.
- Smoking Status- Please list your smoking history.
- Alcohol Use- Please list your average alcohol consumption.
- Occupation- List your occupation.
- Gynecology (Women Only)- Please list any contraception that you are currently using and if you are pregnant or planning on becoming pregnant. If you are pregnant, please list your estimated delivery date. Finally, list the date your last menstrual period began.

III. Immunizations

- Please list any previous immunizations that you have had and the date you received them under the columns marked “Previous”. Please do not fill in the columns marked “Ordered”.

IV. Service Level Requested

- Mark the appropriate service level requested.

Once you have completed the form, please fax it to: Travel Clinic, Pacific Palisades Medical Group, 310-230-0284. Make sure your contact phone number is correct. You will be called to schedule an appointment. Alternatively, bring your completed forms to our office and we will schedule your appointment. Thank you.