TravelSafe IMMUNIZATION CLINIC

**PHARMASAVE®**
101-2280 East Hastings Street
420-2184 West Broadway

Appt call: **604.251.1975**
info@TravelSafeClinic.ca
www.TravelSafeClinic.ca

## CLIENT INTAKE FORM 1 - PLEASE FILL OUT SECTIONS A & C ONLY

| SECTION A | | | |
|---|---|---|---|
| Last Name: | Middle Initial: | Date: | |
| First Name: | Sex: ☐ M ☐ F | Personal Health Number: | |
| Date of Birth: Y M D | Age: | Email: | CDN Citizen: ☐ Y ☐ N |
| Address: | City/Prov: | Postal Code: | |
| Name of Guardian: | Child's Weight: | Parental Consent (Signature): | |
| Your Tel #: | Emergency Contact (EC) Tel #: | Name of EC: | |
| **ALLERGIES:** | **MEDICATIONS:** | | |
| **Current Medical Conditions:** | | | |

| **Itinerary Destination** (Country / Cities) | **Length of Stay** (Days / Weeks) | **Type of Travel** (Hotel, Backpacking, Work, Visit Family) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| Date of Departure: | I agree TravelSafe Clinic can email me a reminder for my booster vaccine(s): ☐ Y ☐ N | |

| SECTION B | | SECTION C | |
|---|---|---|---|
| **Immunization History** | **Last Dose** | **Medical History** | **Yes / No** |
| 1. Tetanus / Diphtheria | | 1. Fever in last 24 hours? | ☐ Y ☐ N |
| 2. Measles, Mumps & Rubella | | 2. Fainted or felt dizzy from an injection? | ☐ Y ☐ N |
| 3. Polio | | 3. Immune suppression (i.e. HIV, cancer)?<br>Taking immune suppression medication? | ☐ Y ☐ N<br>☐ Y ☐ N |
| 4. Varicella (Chicken Pox) | | 4. G6PD deficiency? | ☐ Y ☐ N |
| 5. Pertussis (Whooping Cough) | | 5. History of anxiety or depression? | ☐ Y ☐ N |
| 6. Hepatitis A | | 6. Digestive disorders (IBS, Colitis, Crohn's)? | ☐ Y ☐ N |
| 7. Hepatitis A / Typhoid (Vivaxim) | | 7. Pregnant or planning pregnancy? | ☐ Y ☐ N |
| 8. Hepatitis B | | 8. Heart disease? | ☐ Y ☐ N |
| 9. Hepatitis A / B (Twinrix) | | 9. Diabetes? | ☐ Y ☐ N |
| 10. Typhoid ☐ PO ☐ INJ | | 10. Disorder of liver, spleen or kidney? | ☐ Y ☐ N |
| 11. ☐ ACYW-135 ☐ MenC | | 11. Recent blood transfusion or blood products? | ☐ Y ☐ N |
| 12. Yellow fever | | 12. Thymus disorder? | ☐ Y ☐ N |
| 13. Japanese encephalitis | | 13. Seizures, epilepsy? | ☐ Y ☐ N |
| 14. Rabies | | 14. History of Guillain-Barre Syndrome? | ☐ Y ☐ N |
| 15. Dukoral | | 15. Bleeding disorder? | ☐ Y ☐ N |
| 16. Influenza | | 16. Other? | ☐ Y ☐ N |
| 17. ☐ Pneumo23 ☐ Prevnar13 | | **HEALTH HISTORY NOTES (For Medical Staff Only):** | |
| 18. HPV (Gardasil 9) | | | |
| 19. ☐ Zostavax ☐ Shingrix | | | |
| 20. Other | | | |

| **Consultant's Initials:** | |
|---|---|

TravelSafe IMMUNIZATION CLINIC

# CLIENT INTAKE FORM 1

TO BE COMPLETED BY MEDICAL STAFF ONLY

Appt call: **604.251.1975**
info@TravelSafeClinic.ca
www.TravelSafeClinic.ca

| **Client's Name**: | | | | **Date Stamp 1**: | | |
|---|---|---|---|---|---|---|
| **Consultant Discussed** | | **Recommended Vaccine** | | **Dose** | **Lot #** | **Price $** |
| Food and water safety | ☐ | ☐ Td ☐ TdP ☐ TdaP | | ☐ 1 ☐ 2 ☐ 3 ☐ B | | $ |
| Insect bites and precautions | ☐ | Polio | | ☐ 1 ☐ 2 ☐ 3 ☐ B | | $ |
| Hepatitis A | ☐ | MMR | | ☐ 1 ☐ 2 | | $ |
| Typhoid | ☐ | Varicella | | ☐ 1 ☐ 2 | | $ |
| Rabies | ☐ | Hepatitis A | | ☐ 1 ☐ 2 | | $ |
| Meningitis | ☐ | Hepatitis B | | ☐ 1 ☐ 2 ☐ 3 | | $ |
| Yellow fever | ☐ | Hepatitis A / B (Twinrix) | | ☐ 1 ☐ 2 ☐ 3 | | $ |
| Japanese encephalitis | ☐ | Hepatitis A / Typhoid (Vivaxim) | | ☐ 1 ☐ 2 | | $ |
| Malaria | ☐ | Rabies | | ☐ 1 ☐ 2 ☐ 3 | | $ |
| STD prevention | ☐ | Yellow fever | | ☐ 1 ☐ B | | $ |
| Dengue/Chick/Zika | ☐ | Japanese encephalitis | | ☐ 1 ☐ 2 ☐ B | | $ |
| Altitude sickness | ☐ | Meningitis (ACYW-135) | | ☐ 1 | | $ |
| Hepatitis B/C & HIV | ☐ | Typhoid ☐ PO ☐ INJ | | ☐ | | $ |
| MVA | ☐ | Dukoral | | ☐ 1 ☐ B | | $ |
| Travel insurance | ☐ | Influenza | | ☐ | | $ |
| ☐ Sun Safety \| ☐ Jet Lag \| ☐ Medical Kit \| ☐ Info Booklet Given | | Pneumococcal 23 | | ☐ 1 | | $ |
| **Prescriptions** | **# Tablets** | Pneumococcal / Prevnar 13 | | ☐ 1 | | $ |
| Malarone ☐ Declined | | ☐ Zostavax ☐ Shingrix | | ☐ 1 ☐ 2 | | $ |
| Doxycyline ☐ Declined | | HPV (Gardasil 9) | | ☐ 1 ☐ 2 ☐ 3 | | $ |
| Mefloquine ☐ Declined | | Other | | | | $ |
| Chloroquine ☐ Declined | | Consult Fee | | | | $ |
| Cipro ☐ Declined | ☐ 6 ☐ 12 | Tubersol TB skin test | | ☐ Yes ☐ No | | $ |
| Azithro ☐ Declined | ☐ 6 ☐ 12 | ➔ Time of skin test: | | | | |
| Diamox ☐ Declined | | ➔ Result (48-72 hrs later) ☐ Neg ☐ Pos | | If Positive: ☐ Swelling ☐ Redness / Induration. Measurement in mm: | | |
| **Immunizer's Initials:** | | ➔ Follow-up Required? ☐ Yes ☐ No | | If Yes: ☐ Sent for chest x-ray | **TOTAL $** | **$** |

| | |
|---|---|
| **Lab Work:** | ☐ HepBsAb \| ☐ HepBsAg \| ☐ Varicella \| ☐ MMR \| ☐ Rabies \| ☐ Hepatitis A \| ☐ Requisition Given |
| Routine Schedule: | ☐ 0, 1, 6 months Hepatitis B Twinrix \| ☐ 0, 6 months Hepatitis A \| ☐ 0, 0, 6 months Hepatitis B Twinrix |
| ☐ 0, 2, 6 months Gardasil 9 \| ☐ 0, 2-6 months Shingrix \| ☐ 0, 7, 21-28 days Rabies \| ☐ 0, 7 days Japanese Enc ☐ 0, 28 days Japanese Enc ☐ 12-24 months | |
| Rapid Schedule: | ☐ 0, 7, 21 days, 1 year Hepatitis B Twinrix \| ☐ 0, 4+ weeks MMR \| ☐ 0, 6 weeks Varicella |

| **Date Stamp 2** | | | | **Date Stamp 3** | | | |
|---|---|---|---|---|---|---|---|
| **Vaccine** | **Dose** | **Lot #** | **Price $** | **Vaccine** | **Dose** | **Lot #** | **Price $** |
| ☐ Td ☐ TdP ☐ TdaP | ☐ 1 ☐ 2 ☐ 3 ☐ B | | $ | ☐ Td ☐ TdP ☐ TdaP | ☐ 1 ☐ 2 ☐ 3 ☐ B | | $ |
| Polio | ☐ B | | $ | Polio | ☐ B | | $ |
| MMR | ☐ 1 ☐ 2 | | $ | MMR | ☐ 1 ☐ 2 | | $ |
| Varicella | ☐ 1 ☐ 2 | | $ | Varicella | ☐ 1 ☐ 2 | | $ |
| Hepatitis A | ☐ 1 ☐ 2 | | $ | Hepatitis A | ☐ 1 ☐ 2 | | $ |
| Hepatitis B | ☐ 1 ☐ 2 ☐ 3 | | $ | Hepatitis B | ☐ 1 ☐ 2 ☐ 3 | | $ |
| Hepatitis A/B (Twinrix) | ☐ 1 ☐ 2 ☐ 3 | | $ | Hepatitis A/B (Twinrix) | ☐ 1 ☐ 2 ☐ 3 | | $ |
| Hepatitis A/Typhoid (Vivaxim) | ☐ 1 ☐ 2 | | $ | Hepatitis A/Typhoid (Vivaxim) | ☐ 1 ☐ 2 | | $ |
| Rabies | ☐ 1 ☐ 2 ☐ 3 | | $ | Rabies | ☐ 1 ☐ 2 ☐ 3 | | $ |
| Yellow fever | ☐ 1 ☐ B | | $ | Yellow fever | ☐ 1 ☐ B | | $ |
| Japanese encephalitis | ☐ 1 ☐ 2 ☐ B | | $ | Japanese encephalitis | ☐ 1 ☐ 2 ☐ B | | $ |
| Meningitis (ACYW-135) | ☐ | | $ | Meningitis (ACYW-135) | ☐ | | $ |
| Typhoid ☐ PO ☐ INJ | ☐ | | $ | Typhoid ☐ PO ☐ INJ | ☐ | | $ |
| Dukoral | ☐ 1 ☐ B | | $ | Dukoral | ☐ 1 ☐ B | | $ |
| Influenza | ☐ | | $ | Influenza | ☐ | | $ |
| Pneumococcal 23 | ☐ 1 | | $ | Pneumococcal 23 | ☐ 1 | | $ |
| Pneumococcal / Prevnar 13 | ☐ 1 | | $ | Pneumococcal / Prevnar 13 | ☐ 1 | | $ |
| ☐ Zostavax ☐ Shingrix | ☐ 1 ☐ 2 | | $ | ☐ Zostavax ☐ Shingrix | ☐ 1 ☐ 2 | | $ |
| HPV (Gardasil 9) | ☐ 1 ☐ 2 ☐ 3 | | $ | HPV (Gardasil 9) | ☐ 1 ☐ 2 ☐ 3 | | $ |
| Other | | | $ | Other | | | $ |
| **Immunizer's Initials:** | | **TOTAL $** | **$** | **Immunizer's Initials:** | | **TOTAL $** | **$** |

| **Date Stamp 4** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Vaccine** | **Dose** | **Lot #** | **Price $** | **Vaccine** | **Dose** | **Lot #** | **Price $** |
| ☐ Twinrix ☐ Hepatitis B | ☐ 3 ☐ 4 | | $ | Rabies | ☐ 3 | | $ |
| JE/Ixiaro | ☐ 2 ☐ 3 | | $ | Other | | | $ |
| **Immunizer's Initials:** | | **TOTAL $** | **$** | **Immunizer's Initials:** | | **TOTAL $** | **$** |

**CLINIC NOTES:**