SWEDISH

SWEDISH SNOQUALMIE PRIMARY CARE

Completing Your Travel Medicine Visit Form

Welcome to Swedish Snoqualmie Primary Care! At our clinic, Marybeth Lambe M.D., FAAFP, is board certified in Family Practice and specializes in travel and wilderness medicine. She addresses and responds to travelers' disease, epidemic and vaccination issues, and maintains relationships with governmental agencies such as the Centers for Disease Control and Prevention and the World Health Organization.

Dr. Lambe has been accredited by the Centers for Disease Control and Prevention to provide information, care and vaccinations for malaria, rabies and yellow fever. She is a member of several national and international organizations relating to travel and travel medicine:

- International Society of Travel Medicine
- Infectious Disease Society of America
- American Society of Tropical Medicine and Hygiene
- International Society for Mountain Medicine
- International Society for Infectious Diseases
- Wilderness Society
- International Association for Medical Assistance for Travelers
- American College of Preventive Medicine
- Geo Sentinel Network
- Travel Medicine Society of Ireland

Travel medicine is about an overall assessment of your health needs and risks for your planned trip. Understanding your medical background and current concerns helps us partner together to review curent recommendations and advice that works most effectively for you.

Getting Started

Try to complete this travel visit form to the best of your ability. Don't worry if you don't know all the answers, we'll work on it together at your visit.

Bring all the details of your travel itinerary to your visit if possible, even if you are not quite certain of final destinations. If you only know the provinces to which your are traveling, have an uncertain spelling of a town in Africa you hope to visit, or only have an online link to the tour or cruise you are taking - that works, too! The more we know about exactly where you are going the more information we can provide you about what you may expect on your journey.

SWEDISH
MEDICAL GROUP

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TRAVEL VISIT FORM

(to be completed by traveler)

Name of traveler _____ Today's Date _____

Duration of travel _____

Destination(s) _____

_____

PLANNING SPECIAL ACTIVITIES? e.g. ☐ Climbing ☐ Biking ☐ Water activities
☐ Scuba Diving: ☐ Fresh Water ☐ Salt Water ☐ Adoption Trip ☐ Mission Trip ☐ Prison Visits
☐ Charity Organization ☐ Safari ☐ Camping ☐ Religious Reasons ☐ Other: _____

ACCOMMODATIONS and PURPOSE: ☐ Urban/Rural ☐ Private home ☐ Cruise ship ☐ 1st Class hotels
☐ Small hotels ☐ Tour group ☐ Other: _____

Your concerns today:

_____

_____

_____

Date you will be leaving the US: _____ Date you will arrive back in the US: _____

Date of Birth: _____
During the first 5 years of your life, did you grow up in the United States? ☐ Yes ☐ No
Did you have your routine childhood vaccinations? ☐ Yes ☐ No
Do you have a record of your immunizations? ☐ Yes ☐ No
Were you in the military? You may have received vaccinations while in the service. ☐ Yes ☐ No

TRAVEL DRUG ALLERGIES
Do you have allergies to: ☐ Vaccines ☐ Mercury/Seafood/Eggs ☐ Antibiotics ☐ Gelatin ☐ Thimerosol
☐ Insect bites ☐ Latex ☐ Neomycin ☐ Streptomycin ☐ Other: _____
☐ None of these

MEDICATIONS (including prescription, over-the-counter and/or supplements):

_____

_____

_____

_____

MEDICAL HISTORY: ☐ No concerns

_____

_____

_____

_____

Prior Surgeries and Date: ☐ None

_____

_____

_____

_____

Do you have any of these medical risk factors?
High blood pressure: ☐ No ☐ Yes
History of blood clots: ☐ No ☐ Yes
Heart Disease: ☐ No ☐ Yes
Diabetes: ☐ No ☐ Yes
Kidney Disease: ☐ No ☐ Yes
Asthma or emphysema: ☐ No ☐ Yes
Chronic respiratory infections: ☐ No ☐ Yes
Neurologic Diseases: ☐ No ☐ Yes
Insomnia; struggles sleeping away from home: ☐ No ☐ Yes
Chronic back, neck, or joint pain: ☐ No ☐ Yes

Are you pregnant, breast-feeding, or planning to become pregnant? ☐ No ☐ Yes ☐ NA

Last menstrual period: _____ Type of contraception: _____

Live Vaccine impact Review if receiving Yellow Fever or other live vaccines

- Previous side effects from live vaccines: ☐ No ☐ Yes
- Immunosuppressed (HIV, Cancer, Chemo, or on Prednisone): ☐ No ☐ Yes
- Close to anyone pregnant, or on chemo, with active cancer, or immunosuppressed: ☐ No ☐ Yes
- Seizure history: ☐ No ☐ Yes
- Hepatitis, liver disease: ☐ No ☐ Yes
- History of Thymus (NOT Thyroid) problems (eg. myasthenia gravis, DeGeorge Syndrome, thymoma): ☐ No ☐ Yes
- Severe Diabetes: ☐ No ☐ Yes
- Psoriasis: ☐ No ☐ Yes
- Spleen Removal: ☐ No ☐ Yes

Malaria medicine impact Review only if traveling to malaria area.

- Previous adverse side effects from malaria medicines: ☐ No ☐ Yes
- Anemia: ☐ No ☐ Yes
- Tendency to nightmares or anxiety: ☐ No ☐ Yes
- Sleep disturbance: ☐ No ☐ Yes
- Sun sensitivity: ☐ No ☐ Yes
- Gastrointestinal problems: ☐ No ☐ Yes
- Thyroid Disorder: ☐ No ☐ Yes

Flight impact

- Severe jetlag, insomnia, flight anxiety: ☐ No ☐ Yes
- Ear problems or recurrent infection: ☐ No ☐ Yes
- History of blood clots in self or family: ☐ No ☐ Yes
- Tendency to dehydrate: ☐ No ☐ Yes
- Concerns over excessive alcohol or other medication dependence: ☐ No ☐ Yes

If going to a different altitude, prior history of difficulty at altitude: ☐ No ☐ Yes

- Migraines: ☐ No ☐ Yes
- Asthma: ☐ No ☐ Yes
- Stroke or other neurologic event: ☐ No ☐ Yes

PRIOR IMMUNIZATIONS/DATE(S): Call your Mom!

Mostly unknown or no dates: ☐

Yearly Influenza: _____

Tetanus/Diptheria/Pertussis (in the last 5-10 years?): _____

MMR: #1 _____ #2 _____

Polio Dates: _____ Oral or shot form: _____

Chicken Pox (Varicella): #1 _____ #2 _____

Hepatitis A: #1 _____ #2 _____

Hepatitis B: #1 _____ #2 _____ #3 _____

Meningococcal: _____

Age related vaccines:

Shingles (age over 50 years): _____

Pneumoccoal (young children and over 55): _____

Rotavirus (infants): _____

Travel vaccines:

Yellow Fever: _____

Rabies: #1 _____ #2 _____ #3 _____

Typhoid: _____

Japanese Encephalitis: #1 _____ #2 _____

How may we contact you?

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail address _____

Emergency Contact _____ Relationship _____

Who referred you to Swedish Travel Medicine? _____