

# Māori Hill Clinic

## Traveller's Health Consultations

phone 03 464 0044 email: [travelmaorihillclinic@gmail.com](mailto:travelmaorihillclinic@gmail.com)

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Thank you for your interest in Traveller's Health at Māori Hill Clinic – providing vaccinations, prescriptions, and medical advice for safe and healthy travel. The Clinic is an approved Yellow Fever Vaccinating Centre.

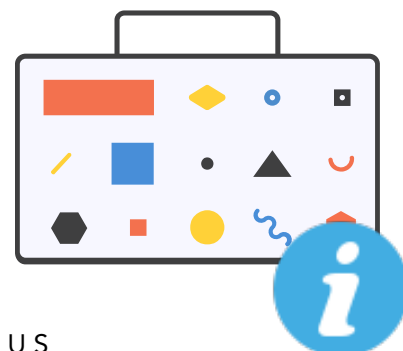
Please complete the personal travel questionnaire for each person travelling and return it to Reception or email a copy to [travelmaorihillclinic@gmail.com](mailto:travelmaorihillclinic@gmail.com).

Your travel itinerary and health considerations will then be assessed prior to your visit. You will then be given the estimated cost and booked for an appropriate Travel Clinic appointment.

Scheduled appointments may vary from 15 – 60 minutes and should occur 4 – 6 weeks prior to departure.

- Appointment Cost Enrolled Patients:
  - low risk \$48 per person, discount 10% each additional person
  - moderately complex \$75 per person, discount 10% each additional person
  - complex \$75 + additional increments of \$15
- Appointment Cost Casual Patients:
  - low risk \$75 per person, discount 10% each additional person
  - moderately complex \$125 per person, discount 10% each additional person
  - complex \$125 + additional increments of \$15
- Vaccine/Prescription Cost: per pharmaceutical schedule

What to expect at your appointment: Review of travel itinerary, individual health requirements and travel risks including latest alert updates for your destination areas, informed patient decision making, provision only of vaccinations and medications that are medically recommended, provision of appropriate and necessary travellers' health documents, suggestions on country specific health resources, questions and concerns addressed.



NUNQUAM NONPARATUS



# Māori Hill Clinic



## Traveller's Health Questionnaire

Book your Travel Appointment well in advance. Complete the details below. Return Questionnaire to Reception before your Travel Consultation.

Name

Address

Phone: Home

Work

Mobile

NHI

DOB

Age

Country of Birth

Gender

Departure Date

Return Date

Overall length

### Purpose of Travel

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Humanitarian aid or health care worker | <input type="checkbox"/> Mission or Voluntary Work     | <input type="checkbox"/> Holiday                                   |
| <input type="checkbox"/> Long-term traveller or expatriate      | <input type="checkbox"/> Study abroad / student        | <input type="checkbox"/> Last minute                               |
| <input type="checkbox"/> Business                               | <input type="checkbox"/> Cruise ship passenger         | <input type="checkbox"/> Returning home to visit family or friends |
|   | <input type="checkbox"/> Traveling to a mass gathering | <input type="checkbox"/> Other                                     |

### Type of Travel

- |  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fixed Itinerary | <input type="checkbox"/> Independent | <input type="checkbox"/> Backpacking |
| <input type="checkbox"/> Group Tour      | <input type="checkbox"/> Cruise Ship | <input type="checkbox"/> Other       |

### Destination(s)

Country and Location	Length of Stay	Urban or Rural

Attach copy of Itinerary if possible

### Planned Accommodation

- |                                       |                                       |                                      |
|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Offshore Rig | <input type="checkbox"/> Hotel/resort | <input type="checkbox"/> Cruise ship |
| <input type="checkbox"/> Compound     | <input type="checkbox"/> Private Home | <input type="checkbox"/> Other       |

### Planned Activities

- |                                   |  |                                      |
|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Diving   | <input type="checkbox"/> Climbing altitude _____ | <input type="checkbox"/> Cycling     |
| <input type="checkbox"/> Trekking | <input type="checkbox"/> Rafting                 | <input type="checkbox"/> Surfing     |
| <input type="checkbox"/> Safari   |  | <input type="checkbox"/> Other _____ |

**Past Travel History** (Countries and approximate dates)

### Medical History (Medical conditions)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Severe egg allergy (i.e. IgE-mediated hypersensitivity to eggs: hives, swelling of the lips, tongue, respiratory distress or collapse after eating eggs) | <input type="checkbox"/> abnormalities                             | <input type="checkbox"/> Respiratory disease   |
| <input type="checkbox"/> Thymus disease or history of thymectomy  | <input type="checkbox"/> Psoriasis                                 | <input type="checkbox"/> Immune system disorder or taking immune-suppressing drugs         |
| <input type="checkbox"/> Chronic liver disease  | <input type="checkbox"/> Renal impairment (Chronic Kidney Disease) | <input type="checkbox"/> Blood transfusion, blood products or immune globulin in past year |
| <input type="checkbox"/> Heart disease  | <input type="checkbox"/> Blood clots                               | <input type="checkbox"/> Recent immunisations  |
| <input type="checkbox"/> Seizure disorders  | <input type="checkbox"/> Diabetes                                  | <input type="checkbox"/> Recent radio- or chemotherapy                                     |
| <input type="checkbox"/> Heart conduction   | <input type="checkbox"/> Pregnant                                  | <input type="checkbox"/> Other medical conditions  |
|   | <input type="checkbox"/> Breastfeeding                             |  |
|   | <input type="checkbox"/> Planning pregnancy in next three months   |  |
|   | <input type="checkbox"/> Splenectomy                               |  |
|   | <input type="checkbox"/> Neuropsychiatric conditions               |  |

### Immunisations and Date Given

Td		Typhoid	
M/M/R		Rabies	
Polio		Yellow Fever	
Influenza		JE	
Varicella		Meningococcal	
Pertussis		Cholera	
Pneumococcal		HPV	
HIB		PPD	
Hep A		Zoster	
Hep B			

**SERIOUS REACTIONS TO VACCINES OR MEDICATIONS? Y / N**

### Current Medications


### Before Travel Reminders

Dental	First Aid/Travel Kit	Health Insurance
Medication supply	Glasses	Copy of Medical Information

### I would like more information on...

Traveller's diarrhea	Travel while pregnant	Malaria
Snake bites	Yellow Fever	Other ...
Medical kit	High Altitude	
Zika virus	Insect bite prevention	
Vaccinations	Country/culture information	
Travel with kids	Travel with Disabilities	