

# Consultation Questionnaire

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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:*

Have you received travel vaccinations?  Yes  No If yes, when:

*Please detail any travel vaccinations:*

Are you pregnant or planning pregnancy?  Yes  No