

BOWMONT TRAVEL CLINIC

6535 Bowness Road NW, Calgary, Alberta, T3B 0E8 Phone: (403) 247-0787

Please bring to your appointment: Vaccination records (childhood/travel) and travel itinerary

I have attended the clinic before and there are no changes to my address or contact information.

Name: _____		Date: _____
Address: _____		
City: _____	Province: _____	Postal Code: _____
Phone: Home: _____	Work: _____	Cell: _____
E-Mail: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date (DD/MM/YYYY): _____		Alberta Healthcare Number: _____

Please answer the following questions to the best of your ability they will be discussed further during your consult.

Immunized as a child? Yes No Country of Birth _____

Family Physician: _____

Country Travelling to:	Date of Trip:	Duration of Stay:

I would define my travel as:				
<input type="checkbox"/> Business/Work	<input type="checkbox"/> Vacation	<input type="checkbox"/> Volunteer/Mission	<input type="checkbox"/> Visiting Family	<input type="checkbox"/> Other

Medical Conditions: None

	Yes	No		Yes	No
Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	Chemotherapy or Radiation (last 4 months)	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Psychiatric Condition	<input type="checkbox"/>	<input type="checkbox"/>	Immunosuppressed (leave blank if unknown)	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Spleen Removed / No spleen	<input type="checkbox"/>	<input type="checkbox"/>
Lung Condition	<input type="checkbox"/>	<input type="checkbox"/>	Organ / Bone marrow transplant	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Leukemia/Lymphoma/Recent cancer	<input type="checkbox"/>	<input type="checkbox"/>
Digestive Tract Problems	<input type="checkbox"/>	<input type="checkbox"/>	Prednisone or steroid in last 4 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Heartburn/Acid Reflux	<input type="checkbox"/>	<input type="checkbox"/>			
Arrhythmia / Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant or planning to become pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Nursing?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>			

What prescribed and over the counter medication do you take?

Allergies (drug/other) Yes No If yes, list:

How did you hear of our clinic? _____

Have you been vaccinated in the past 4 weeks? (If yes, which vaccine?)

FirstName: _____

FOR CLINIC USE ONLY

Consult Fees <input type="checkbox"/> Single: \$60 <input type="checkbox"/> Couple: \$110 <input type="checkbox"/> Family (<u>up to 4</u>): \$150 <input type="checkbox"/> Each additional family member: \$35 x #____	Resort Fees Mexico, Caribbean, USA, Western Europe <input type="checkbox"/> Single: \$45 <input type="checkbox"/> Couple: \$80 <input type="checkbox"/> Family (<u>up to 4</u>): \$100 <input type="checkbox"/> Each additional family member: \$25 x #____
All family groups must attend the consult together	
Pre-travel consultants reserve the right to alter consult fees.	

- Latex
 Eggs
 Chicken
 Adhesive Bandages

 Fainting
 Immunosuppressed

Vaccine Fees - Prices include administration of the vaccine.

	Adult	Child		
Hepatitis A**	\$75	\$50	Shingles (Shingrix)**	\$185
Hepatitis B***	\$50	\$40	Gardasil***	\$200
Hepatitis A & B (Twinrix) ***	\$80	\$50	Flu - FREE or \$80 depending on AHS availability	
Tetanus/Diphtheria	\$50			
Tetanus/Diphtheria/Pertussis	\$65		Dukoral – double/single	\$120/\$70
Polio (IPV)	\$75			
Meningitis ACYW	\$140		Mantoux	\$75
Japanese Encephalitis **	\$230		Typhoid Oral / injectable	\$65
Rabies ***	\$240		Yellow Fever	\$200
			MMR	\$80
Immunization Booklet	\$5			
Immunization Record Update	\$15			
Pneumonia Section				
Pevnar 13 - \$150 (P23 done)				
Pnevovax 23 (Free based on AHS guidelines) (P13 done)				
Pevnar 13 (\$150) followed by Pnevovax 23 (FREE) after 8 weeks				
* Some vaccines require more than one injection. Prices are per injection				

_____ Reviewed contraindications to live vaccines with patient.

_____ Antibiotic use in last 2 weeks.

I, _____ consent to receiving the vaccines as documented above.

Signature: _____ Date: _____

_____ I am aware that it is recommended that patients wait for a minimum of 15 minutes prior to departing the clinic after vaccination.