

New Brighton Remedy'sRx Pharmacy

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| List all Current Medications (prescription or over-the-counter or herbal/natural) | | List any Allergies (food, environmental or medication) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------|------------------------|
| 1. _____ | 6. _____ | 1. _____ | 3. _____ |
| 2. _____ | 7. _____ | 2. _____ | 4. _____ |
| 3. _____ | 8. _____ | List Medical Conditions | |
| 4. _____ | 9. _____ | 1. _____ | 4. _____ |
| 5. _____ | 10. _____ | 2. _____ | 5. _____ |
| *Use the back of this page if more space is needed. | | 3. _____ | 6. _____ |
| Travel Details | | | |
| Date of departure from Canada: | | Date of return to Canada: | |
| Country | Town/City | Urban or Rural | Accommodations |
| | | <input type="radio"/> Urban <input type="radio"/> Rural | Time spent in location |
| | | <input type="radio"/> Urban <input type="radio"/> Rural | |
| | | <input type="radio"/> Urban <input type="radio"/> Rural | |
| | | <input type="radio"/> Urban <input type="radio"/> Rural | |
| | | <input type="radio"/> Urban <input type="radio"/> Rural | |
| | | <input type="radio"/> Urban <input type="radio"/> Rural | |
| *Use the back of this page if more space is needed. | | | |
| Rate your travel experience: <input type="radio"/> New traveller <input type="radio"/> Local trips, never overseas <input type="radio"/> Travelled overseas <input type="radio"/> Experienced traveller | | | |
| Reason for travel: <input type="radio"/> Business <input type="radio"/> Pleasure <input type="radio"/> Other: _____ | | | |
| Holiday Type: <input type="radio"/> Package <input type="radio"/> Camping <input type="radio"/> Self-organized <input type="radio"/> Cruise <input type="radio"/> Backpacking <input type="radio"/> Trekking <input type="radio"/> Other: _____ | | | |
| Type of accommodation: <input type="radio"/> Premium hotel <input type="radio"/> Budget hotel <input type="radio"/> Hostel <input type="radio"/> Friends/Family <input type="radio"/> Camping <input type="radio"/> _____ | | | |
| Who is travelling with you? <input type="radio"/> Solo <input type="radio"/> Family / Friends <input type="radio"/> Group <input type="radio"/> _____ | | | |
| Are any of the following activities included in your trip plans? (Please check all that apply.) | | | |
| <input type="radio"/> Scuba diving | | <input type="radio"/> Adventure travel | |
| <input type="radio"/> Going to a high altitude | | <input type="radio"/> Exposure to extreme heat or cold | |
| <input type="radio"/> Safari | | <input type="radio"/> Jungle | |
| <input type="radio"/> Spending time in rural communities | | <input type="radio"/> Other: _____ | |
| Please let us know your primary concerns with your trip or this travel health assessment (Please check all that apply.) | | | |
| <input type="radio"/> Getting sick while away | | <input type="radio"/> Who to contact if emergency occurs overseas | |
| <input type="radio"/> Traveller's diarrhea | | <input type="radio"/> Travel insurance | |
| <input type="radio"/> Safety and efficacy of vaccines | | <input type="radio"/> Personal safety overseas | |
| <input type="radio"/> Antimalarial medications | | <input type="radio"/> Tips to lower your risk of getting sick or hurt overseas | |
| <input type="radio"/> Cost of medications and immunization | | <input type="radio"/> Other: _____ | |
| Are there any other concerns that you have that were not discussed on this form? (Please specify.) | | | |

I consent to Travel Health Consultation services from the APA and Injection Certified pharmacist. I understand that the recommendations provided during the consultation are based on the information I have given on this form. I understand that the vaccines and medications may not provide complete protection against disease. I also understand that like all medications, vaccines can have rare but serious side effects.

Patient Signature: _____

Date: _____