



OakMed Family Health Travel Clinic

Travel advice is NOT covered by OHIP. Your fee reimburses the Physician and Nurse for the time it takes them to prepare for your visit, and the time spent with you giving education and advice, as well as any injections needed. The fee for OakMed Family Health Team Travel Clinic is \$150 and \$25 for each additional family member. **All** family members are required to attend the appointment. The cost of vaccines or medications are not included in the consultation fee. If vaccines or medications are required for the trip, a prescription will be issued.

Note: Any missed travel appointments will result in a \$50.00 fee. Please make sure you call our office 24 hours prior to your appointment to avoid this penalty charge.

Contact information is the following:

Phone: 905-901-5111

Dr. Aggarwal Travel Physician Assistant - Option 1

Dr. Backo-Shannon Travel Physician Assistant - Option 2

Fax: 905-901-5122

Email: info@oakmed.ca

Prior to booking the appointment, you will be required to submit and complete the following via email or fax:

- Itinerary for each patient
- Immunization record (s) for each patient
- List of family/friends attending appointment, with name(s) & date(s) of birth.
- Sign Yellow fever consent form- please note yellow fever costs an additional \$130 and we only accept cash or cheque "OAKMED FHT"

The travel clinic doctor will let you know if yellow-fever is recommended for your destination.

1. Personal Information:

First Name: _____ Initial ___ Last Name _____

Phone: _____ Email: _____

Date of Birth _____ Age ____ Sex ____

Approx. Weight _____ lbs or kg

Family Physician _____

2. Medications: (all current medications including over-the-counter, birth control, aspirin, puffers, chemotherapy):

_____	_____
_____	_____
_____	_____

3. Allergies: _____

4. Medical History (Circle all that apply)

Heart disease:

None – Angina - Heart Attack - Valve Disease - Arrhythmia

Other _____

Lung disease:

None – Smoker – Asthma – COPD - Sleep apnea - O2 Tank

Other _____

Diabetes: No - Yes

Immune disorder:

None - No spleen - Thymus disorder - HIV - Immune Modulating Medications

Other: _____

Mental health disorder:

None - Anxiety - Depression

Other _____

Cancer:

No

Yes, this type/this organ involved _____

Treated with: radiation - chemotherapy

Neurological disorder:

No - Multiple Sclerosis - Other _____

Pregnant: No - Yes - Not sure

Travel with infant:

No - Yes, and breast feeding - Yes, not breast feeding

Age of infant: _____

Specific concerns or questions or other medical problems:

5. Itinerary: (Circle all that apply)

Note: you are welcome to send a detailed itinerary in **ADDITION** to this form

Destination(s) and duration at each. Please note any rural locations (farms, jungles, parks):

Date of departure: _____

Approximate length of trip: _____

Purpose of trip:

Relaxation - Business - Adventure - Friends - Relatives

Visiting high altitude: No - Yes, highest altitude is _____ meters above sea (if known)

Accommodation:

Friends/Relatives - Camping - Hostel/Hotel - International Hotel

Food preparation:

Self - Friends - Relatives - Restaurant - Resort

Transportation:

Car Rental - Friends - Relatives - Air Plane - Train - Bus - Cruise
Other _____