



Travel Intake Form

Patient(s) Name(s): _____ Date(s) of Birth: _____

Travel Plans

Be as specific as possible, include an itinerary if available.

Travel Destination(s): _____ Date of Departure: _____ Date of Return: _____

Who will you be traveling with?

Reason for travel:

Any planned activities during travel we should know about (ex: swimming in lakes, interacting with wildlife, etc.)?

Current Medical Condition(s):

Allergies:

Current Medications:

Any specific questions or concerns you would like to discuss?

Parent/Guardian Name:

Phone Number:

Email: