



eTRAVEL CLINIC PATIENT QUESTIONNAIRE
AllegroPediatrics.com

Please return this completed form to the front desk at any of our offices, or fax to (425) 643-0635. You must have a Patient Portal account to receive eTravel health recommendations. You will receive a message through the Patient Portal with these recommendations within 5 business days. Please call us if you do not receive this message.

The eTravel service is offered at a cost of \$60. Please note that, while we will bill your insurance, you will be responsible for this amount if the service isn't covered.

Today's Date: _____

Patient Name: _____ Date of Birth: _____ Weight: _____ lbs

Are you registered for our Patient Portal? Yes No/Unsure

If you don't have a Patient Portal account, or are unsure, please provide the requested information below. You will receive an invitation to register for our Patient Portal. Please accept this invitation as soon as possible in order to view your recommendations.

1. Parent/Guardian Name: _____ Phone: _____

Email: _____
(please type or print clearly)

For Patient Portal registration:

Parent/Guardian Date of Birth _____ Parent/Guardian Zip Code: _____

2. Parent/Guardian Name: _____ Phone: _____

Health Background

History of chronic illness/health concerns:

Current Medications:

Can your child swallow pills? Yes No

Allergies (e.g., drugs, vaccines, eggs, latex)?

Did your child receive all of the recommended routine immunizations? Yes No

If your child received vaccines outside of Allegro Pediatrics, please attach the immunization record.

Prior Travel Experience:

Prior travel vaccine and dates given: _____

Experience with malaria chemoprophylaxis:

Preferred pharmacy for prescriptions: _____

If travel medicines are recommended (such as malaria prophylaxis), would you like the prescriptions sent electronically to your pharmacy? Yes No

Trip Details

Travel itinerary

Dates of travel - From: _____ To: _____

Please include detailed information on all countries and specific regions you are planning to visit, including airport layovers:

1. _____

Dates: _____ Rural Urban

Type of accommodation: _____
(e.g. Hotel, Private Home etc...)

2. _____

Dates: _____ Rural Urban

Type of accommodation: _____

3. _____

Dates: _____ Rural Urban

Type of accommodation: _____

Reason for travel: (Please check one)

<input type="checkbox"/>	Tourism	<input type="checkbox"/>	Volunteer/ Aid work
<input type="checkbox"/>	Business	<input type="checkbox"/>	Visiting Relatives / Friends
<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Other, please specify:

Special Activities: (Please check all that apply)

<input type="checkbox"/>	High altitude (>8000 ft): if checked, please include details:
<input type="checkbox"/>	Cruise ship
<input type="checkbox"/>	Rafting
<input type="checkbox"/>	Other, please specify: