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: ☐ Male ☐ 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:				
☐ Business/Work	☐ Vacation	☐ Volunteer/Mission	☐ Visiting Family	☐ Other

Medical Conditions: ☐ None

	Yes	No		Yes	No
Psoriasis	☐	☐	Recent chemotherapy (last 4 months)	☐	☐
Emotional/Psychiatric Condition	☐	☐	Recent radiation (last 4 months)	☐	☐
Seizure Disorder	☐	☐	Immunosuppressed (leave blank if unknown)	☐	☐
Lung Condition	☐	☐	Spleen Removed / No spleen	☐	☐
High blood pressure	☐	☐	Organ / Bone marrow transplant	☐	☐
Digestive Tract Problems	☐	☐	Leukemia/Lymphoma / Recent cancer	☐	☐
Heartburn/Acid Reflux	☐	☐	Pregnant or planning to become pregnant?	☐	☐
Arrhythmia / Heart Condition	☐	☐	Diabetes	☐	☐
High Cholesterol	☐	☐	**Other**		

What prescribed and over the counter medications 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?)

_____

First Name: _____

FOR CLINIC USE ONLY

Consult Fees	**Resort Fees** *Mexico, Caribbean, USA, Western Europe*
☐ Single: $60 ☐ Couple: $110 ☐ Family (up to 4): $150 ☐ Each additional family member: $35 x #___	☐ Single: $45 ☐ Couple: $80 ☐ Family (up to 4): $100 ☐ 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 / Latex

Vaccine Fees - Prices include administration of the vaccine.

	Adult	Child			
☐ Hepatitis A**	$75	$50		☐ Shingles – Shingrix **	$180
☐ Hepatitis B***	$50	$40		☐ Japanese Encephalitis **	$230
☐ Hep A/ Typhoid	$110			☐ Gardasil***	$200
☐ Twinrix ***	$80	$50		☐ Influenza (Flu) $25 or FREE depending on AHS availability	
☐ Tetanus/Diphtheria	$35			☐ FluMist	$25
☐ Tetanus/Diphtheria/Polio	$90			☐ High Dose Flu	$80
☐ Tetanus/Diphtheria/Pertussis	$65			☐ Florastor Capsules 50	$45
☐ Polio	$75			☐ Typhoid injectable/oral	$60
☐ Tdap+Polio	$105			☐ Yellow Fever	$145
☐ Prevnar 13	$150			☐ MMR	$80
☐ Meningitis B ** or ***	$160			☐ Shingles - Zostavax	$200
☐ Meningitis ACYW	$150			☐ Dukoral – double/single	$100/ $50
☐ Chicken Pox - Varicella	$100			☐ Mantoux	$55
				☐ Rabies ***	$220
*** Some Vaccines require more than one injection. Prices are per injection**					

_____ Reviewed contraindications to live vaccines with patient.

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.