



**health services  
at columbia**

519 West 114<sup>th</sup> Street · Mail Code 3601  
New York, New York 10027

**Travel Flow Sheet**

Name: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**TRAVEL ITINERARY AND MEDICAL/PSYCH HISTORY**

DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

PURPOSE OF VISIT:  Tourist  Academic  Other: (Specify) \_\_\_\_\_

ITINERARY: (Please List in Order)  Rural  Urban Length of Stay: \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

SIGNIFICANT PAST MEDICAL/PSYCHIATRIC/GYN/HISTORY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU PREGNANT OR PLANNING ON BECOMING PREGNANT? Yes  No

HOSPITALIZATION/SURGERIES:

\_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATIONS:

\_\_\_\_\_

\_\_\_\_\_

SAFE SEX MEASURES/CONTRACEPTIVE PREFERENCES: \_\_\_\_\_

CONTACTS/GLASSES: \_\_\_\_\_

ALLERGIES TO MEDICATION/OTHER: \_\_\_\_\_

COUNTRY BORN IN: \_\_\_\_\_

PREVIOUS IMMUNIZATION HISTORY:

\_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT THE TRAVEL CLINIC? \_\_\_\_\_