

## Snaefell Surgery

### **Private Travel Clinic**

With effect from 1<sup>st</sup> December 2010 the DHSS have introduced a new system of charging for patients who require travel immunisation and vaccination.

Our charges are in line with other GP surgeries and are as follows:-

**Nurse consultation & prescription (2 items or less) £30**  
**Nurse consultation & prescription (3 items or more) £40**

These fees are payable at the time you book your appointment and may be paid in cash or by cheque (made payable to Snaefell Surgery Ltd).

Please note we can not accept any credit/debit cards.

Please also note all vaccination prescriptions will be PRIVATE prescriptions for which a separate fee will be payable at the pharmacy.

The document below sets out the procedure for patients who require immunisations for travelling abroad.

### **Guide to procedure**

1. Immunisation for Foreign Travel Form to be completed by each member of the party travelling. At this stage there is no charge as pre-travel advice is part of NHS contract BUT there are charges if appointment/prescription(s) are required.
2. Form to be completed and returned to Surgery as soon as possible as it may take up to 10 days for the Practice Nurse to review records.
3. If patients need any immunisations / appointment there is a fee for the appointment/consultation plus the prescription(s).
4. Please note malaria advice will now be given by Practice Nurse. Patient does not need to see GP.
5. On receipt of completed form from the patient one of our Practice Nurses will review patient's medical records.
6. On completion, Practice Nurse to hand form back to Reception with any advice / prescriptions.
7. Reception then to do the following:-
  - Contact patient and advise them what the Practice Nurse has recommended or any other message. If the patients need any immunisations then they will need to collect the prescription (s) from the surgery and make an appointment with the Practice Nurse.
  - If an appointment and prescription is required payment must be taken at this time and receipt given to patient.
  - Patient to hand in their prescription to the Chemist in plenty of time in case they have to order the vaccines in. Vaccine(s) should only be collected on the way to their appointment on that day.
8. Immunisations to be administered by Practice Nurse. Immunisation Record to be updated during the appointment and patient to be given a copy and any further advice.

# IMMUNISATION FOR FOREIGN TRAVEL

Fill in one form for EACH traveller

Your travel insurance **MAY** be invalidated if you are not properly immunised for your travel destination(s).

	Fee	Payment Received	Prescription Required	1-2 items £10	3 + items £20	Payment Received
PN Appointment / Consultation	£20.00		Yes /No			

**IF AN APPOINTMENT / PRESCRIPTION(S) ARE REQUIRED PAYMENT MUST BE MADE ON COLLECTION FROM SURGERY.**

Please note that it can take up to 10 working days for the Nurse to review and collate the relevant information.  
You will be contacted once the form has been completed by the Practice Nurse.

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
 \_\_\_\_\_ D.O.B. \_\_\_\_\_

Which country are you visiting? \_\_\_\_\_

When do you leave? \_\_\_\_\_

How long are you staying there? \_\_\_\_\_

Are you stopping anywhere on the journey?  
 e.g. to change flights YES/NO

If YES, where? \_\_\_\_\_

And for how long? \_\_\_\_\_ hours/days/weeks

Are you staying in a hotel or private home? YES/NO

Will you camp or sleep rough? YES/NO

Have you been immunised previously against:

TETANUS? YES/NO When? 19\_\_\_\_\_ (year)

POLIO? YES/NO When? 19\_\_\_\_\_ (year)

TYPHOID? YES/NO When? 19\_\_\_\_\_ (year)

MENINGITIS? YES/NO When? 19\_\_\_\_\_ (year)

CHOLERA? YES/NO When? 19\_\_\_\_\_ (year)

YELLOW FEVER? YES/NO When? 19\_\_\_\_\_ (year)

RABIES? YES/NO When? 19\_\_\_\_\_ (year)

HEPATITIS B? YES/NO When? 19\_\_\_\_\_ (year)

HEPATITIS A? YES/NO When? 19\_\_\_\_\_ (year)

Others e.g. RUBELLA \_\_\_\_\_ YES/NO When? 19\_\_\_\_\_ (year)

\_\_\_\_\_ YES/NO When? 19\_\_\_\_\_ (year)

Do you have any medical problem requiring regular supervision? YES/NO

If YES, what is the problem? \_\_\_\_\_

Are you taking steroids? YES/NO

Are you taking any other regular medicine? YES/NO

Are you pregnant? YES/NO

Have you reacted badly to any previous vaccine? YES/NO

If YES, which vaccine? \_\_\_\_\_

Are you allergic to any medicines? YES/NO

If YES, which? \_\_\_\_\_

I confirm the above answers to be correct to the best of my knowledge and request immunisation as appropriate to my trip together with advice on anti-malarial drugs.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ (Parent if under 16)