



OakMed Family Health Travel Clinic

Travel advice is NOT covered by OHIP. Your fee reimburses the Physician and Nurse for the time it takes them to prepare for your visit, and the time spent with you giving education and advice, as well as any injections needed.

Note: Any missed travel appointments will result in a \$50.00 fee. Please make sure you call our office 24 hours prior to your appointment to avoid this penalty charge.

Contact information is the following:

Phone: 905-901-5111

Dr. Aggarwal Travel Physician Assistant - Option 1

Fax: 905-901-5122

Email: info@oakmed.ca

Prior to booking the appointment, you will be required to submit and complete the following via email or fax:

- Itinerary for each patient
- Immunization record (s) for each patient
- List of family/friends attending appointment, with name(s) & date(s) of birth.

Patients Attending Appointment:

Name: _____

Date of birth: _____

Name: _____

Date of birth: _____

Name: _____

Date of birth: _____

Name: _____

Date of birth: _____

Name: _____

Date of birth: _____

Personal Information:

First Name: _____ Initial ___ Last Name _____

Phone: _____ Email: _____

Date of Birth _____ Age ___ Sex ___ Allergies _____

Family Physician _____

Medications: (all current medications including over-the-counter, birth control, aspirin, puffers, chemotherapy):

_____	_____
_____	_____
_____	_____

Medical History (Circle all that apply)

Heart disease: None – Angina - Heart Attack - Valve Disease - Arrhythmia

Other _____

Lung disease: None – Smoker – Asthma – COPD - Sleep apnea - O2 Tank

Other _____

Diabetes: No - Yes, but not on insulin - Yes, on insulin

Immune disorder:

None - No spleen - Thymus disorder – HIV - Immune Modulating Medications

Other: _____

Mental health disorder: No - Anxiety - Depression

Other _____

Cancer: No Yes, this type/this organ involved _____

Treated with radiation chemotherapy

Neurological disorder:

No - Multiple Sclerosis - Other _____

Pregnant, or planning to be No - Yes - Not sure

Travel with infant:

No - Yes, and breast feeding yes, and not breast feeding

Age of infant: _____

Specific concerns or questions or other medical problems:

Itinerary: (Circle all that apply)

Note: you are welcome to send a detailed itinerary in **ADDITION** to this form

Date of departure: _____

Approximate length of trip: _____

Purpose of trip:

Relaxation Business Adventure Friends Relatives

Visiting high altitude: No Yes, highest altitude is _____ meters above sea

Accommodation:

Friends or Relatives Camping Hostel/Local Hotel International Hotel

Food preparation:

Self - Friends - Relatives - Restaurant - Resort

Transportation:

Car Rental - Friends - Relatives - Air Plane - Train - Bus - Cruise

Other_____

Destination(s):

Visiting a rural area: No Yes (Please list nearest city, country)

