

Patient Name:	
Patient DOB:	
Body Weight:	
Home phone:	
Work phone:	
Other phone:	

<b>INFORMED OF "NO INSURANCE" POLICY.</b>	
What cities / area / countries will you be visiting?	
Nature of visit?	
When will you be leaving?	
How long will you be abroad?	
Do you have a copy of your vaccination records? If so, please bring them with you to your visit.	
<b>Do you have any allergies to medications, vaccines or eggs?</b>	
Do you anticipate handling or exposure to animals during your travels? (possibility of rabid animals - dogs, cats, wild animals...)	
Will you be spending any of your time in remote rural areas?	
<b>Do you have any chronic medical conditions? If so, list them and the meds being taken for them.</b>	
<b><i>Patient requesting specific vaccinations only.</i></b>	
<b>How did you hear about DTH?</b>	
Completed by & Date:	
<b>Appointment time and date:</b>	
<b>An additional charge of \$35 will be applied if less than 3 workdays notice is given for processing requests.</b>	