

TRAVEL PROGRESS NOTE SIDE 1 OF 2

NAME \_\_\_\_\_ Date Of Birth \_\_\_\_\_ MEDICATION ALLERGIES \_\_\_\_\_

Today's Date \_\_\_\_\_ PRIMARY CARE DOCTOR: \_\_\_\_\_

PLACE OF BIRTH:				YEARS IN USA:				
ITINERARY: Pleasure Group Tour		Individual Travel		Charity/Community Service				
TOTAL LENGTH OF TIME OUTSIDE OF USA:				LEAVING:		RETURN:		
COUNTRIES IN EXACT ORDER OF VISIT		Length of stay	REGION		over 5,000 ft.?		contact with animals?	
			Rural	City	YES	NO	YES	NO
			Rural	City	YES	NO	YES	NO
			Rural	City	YES	NO	YES	NO
			Rural	City	YES	NO	YES	NO

**S: CHIEF COMPLAINT:**

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**PAST MEDICAL HISTORY :**

IMMUNE DEFICIENCY: LUPUS RHEUMATOID ARTHRITIS CANCER OTHER:

INFECTIOUS DISEASE: VARICELLA HIV HEPATITIS B HEPATITIS C POLIO MALARIA OTHER:

HEART PROBLEMS: HEART ATTACK IRREGULAR HEART BEAT HIGH BLOOD PRESSURE

SEIZURES

PSYCH: MEDS EVER HOSPITALIZED

SKIN PROBLEMS: PSORIASIS ECZEMA OTHER

ALTITUDE SICKNESS

SICKLE CELL DISEASE SICKLE CELL TRAIT

OTHER:

CURRENT MEDS	DOSE	REASON	CURRENT MEDS	DOSE	REASON

ALLERGY TO MEDS			EFFECT	ALLERGY TO FOOD			EFFECT
NEOSPORIN	YES	NO		EGGS (YF,MMR)	YES	NO	
CIPRO	YES	NO		YEAST (HEP B)	YES	NO	
DOXYCYCLINE	YES	NO		SHELLFISH			
ANTI-MALARIAL	YES	NO		PEANUTS			
PENICILLIN	YES	NO		OTHER			

**PSH:**

**OCCUPATION:**

**ROS:**

**O: HT:**

**WT:**

**BP:**

**GA:**

Immunization record reviewed.

**A:**

P: SEE SIDE 2