Beaumont

Beaumont Health
InterHealth® - HealthCare for International Travelers
3535 W. Thirteen Mile Rd., Suite 605
Royal Oak, MI 48073

Thank you for selecting InterHealth®: Health Care for International Travelers, Michigan's premier travel medicine service. We have provided counseling and care to more than 65,000 travelers.

Our office is located in the Beaumont Medical Office Building on the campus of Beaumont Hospital, Royal Oak. Our address is 3535 West 13 Mile Road, Suite 605. It is most convenient to park in the North Parking Deck.

Please complete the two-page travel/medical profile for each person included in your appointment. ***These forms should be filled out as completely as possible***. Please include your itinerary in the order in which you will be traveling and a complete vaccination history (to the best of your knowledge). After you return the completed forms to our office, we will promptly contact you to schedule an appointment. The travel consultation appointment includes a complete review of your itinerary, personal health history and immunization status to develop recommendations specific to your needs.

Please remember:

- List exact cities and regions, including rural and urban areas. Please include a tour itinerary if applicable.
- List any current or previous health problems.
- List all medications or supplements that you take and all medication allergies.

If available, please bring any record of immunization or your "Yellow Book" (International Certificate of Vaccination) to the appointment.

We do not bill any insurance. Payment for your visit with us, inculding consultation and immunizations, are your responsibility and payment is expected at the time of service. We accept Visa, MasterCard, American Express, cash or check.

Please note: Our appointments run on time. Late arrivals may require rescheduling so that we are able to accommodate all of our patients in a timely way.

We look forward to serving you. If you have any questions, please do not hesitate to call our office at 248-551-0495, option 1.

Sincerely,

Christopher F. Carpenter, MD, MHSA
Medical Director

Beaumont

InterHealth®

Health Care for International Travelers

Medical Office Building
3535 W. 13 Mile Road, Suite 605
Royal Oak, Michigan 48073
Phone: 248-551-0495
Fax: 248-551-7268
E-mail: interhealth@beaumont.org

TRAVELER'S INFORMATION

Please print

Name _____
LAST FIRST

Address _____

City _____ State _____ Zip _____

Phone _____

Date of Birth _____ Age _____ Sex _____

Place of Birth_____

Marital Status_____Maiden Name_____

Are you a past InterHealth patient? Yes ☐ No ☐

How did you hear about us?
☐ Former client ☐ Friend ☐ Doctor

☐ Travel agent ☐ Other _____

PURPOSE OF TRAVEL

☐ Business ☐ Pleasure ☐ Missionary ☐ Study ☐ Other

Person to be notified in case of emergency:

Name _____ Phone ( ) _____

Address _____

City _____ State _____ Zip _____

Relationship _____

Personal Physician:

Name _____

Address _____

City _____ State _____ Zip _____

Phone ( ) _____

Employer:

Name _____ Phone ( ) _____

Address _____

City _____ State _____ Zip _____

TRAVEL ITINERARY

Please list in order ALL countries and cities you will visit, land in, or travel through.

Date of departure _____

Date of return _____

Date	Country	City

Type of travel: *please check all that apply to your trip*

Hotels ☐

Staying with family ☐

Cruise Ship ☐

Safari ☐

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PATIENT MEDICAL PROFILE

Name _____

Indicate date(s) of vaccine or year of disease:

Yes	No		Mo/Yr	Yes	No		Mo/Yr
☐	☐	Tetanus series		☐	☐	Meningococcus	
☐	☐	Tetanus booster		☐	☐	Rabies	
☐	☐	Tdap (adults)		☐	☐	Zoster/shingles	
☐	☐	DTaP (children)		☐	☐	Chicken pox	
☐	☐	Polio		☐	☐	Influenza	
				☐	☐	Japanese encephalitis	
☐	☐	Measles					
☐	☐	Mumps		☐	☐	Yellow fever	
☐	☐	German measles		☐	☐	Pneumococcus	
☐	☐	Hib		☐	☐	Typhoid	
☐	☐	Hepatitis A		☐	☐	TB skin test	
☐	☐	Hepatitis B		☐	☐	Other	

Current Medications: (*Prescription and non prescription*)

Medication	Dosage	When Started	Medical Reason

Pediatric Patients (Under 18 years old)

Weight: _____

Females Only

Date of last menstrual period _____

☐ I am not pregnant
☐ I might be pregnant

Are you breast-feeding? ☐ Yes ☐ No

Allergies and Sensitivities:

Yes	No	Antibiotics	Yes	No	
☐	☐	Sulfa	☐	☐	Egg allergy
☐	☐	Penicillin	☐	☐	Asthma
☐	☐	Cephalosporins	☐	☐	Hives
☐	☐	Tetracycline	☐	☐	Hay fever
☐	☐	Vaccines	☐	☐	Insect allergy
		_____	☐	☐	Skin allergy
☐	☐	Antitoxins	☐	☐	Photosensitivity (sunlight)
		_____			
☐	☐	Neomycin	☐	☐	Other:_____

Active Medical Problems:

☐ **I have NO medical problems**

☐ I **have** or **have had** the following medical conditions:

☐ Anaphylactic reaction	☐ Tuberculosis
☐ Hypertension	☐ Emphysema or chronic bronchitis
☐ Heart murmur	☐ Psoriasis
☐ Irregular heartbeat	☐ Chronic kidney disease
☐ Pacemaker/ICD	☐ Liver disease
☐ Heart disease	☐ Depression/anxiety
☐ Dental problems	☐ Psychiatric disorder
☐ Sinus problems	☐ Thyroid disorder
☐ Glaucoma	☐ Immune disorder
☐ Retinal disease	☐ Inflammatory disorder
☐ Insulin requiring diabetes	☐ Spleen removed
☐ Elevated cholesterol	
☐ Blood disorder	☐ Malignancy/Cancer in past 10 yrs
☐ Hemolytic anemia	☐ Special handicap/ challenge
☐ Epilepsy or seizures	☐ Other:
☐ Motion sickness	_____
☐ Vertigo	_____

Significant Surgeries:

_____

_____

_____

_____

_____