PARK LANE SURGERY
TRAVEL RISK ASSESSMENT QUESTIONNAIRE

Name:	Male/Female:	Date of birth:	
Daytime telephone number: Can a message be left on answer machine: Y/N			
Email:			
Date of Departure:			
Return date or overall length of trip:			
Country to be visited(please be specific about area in the country):	Length of stay		
1.			
2.			
3.			
4.			
5.			
6.			
Please tick as appropriate below to best describe your trip:			
Type of package please tick	Pleasure	Business	Other
Holiday type:	Camping	Backpacking	Self organised
	Trekking	Cruise ship	Other
Accommodation:	Hotel	Relatives/family home	Other
Travelling:	Alone	With friends	In a group
Planned activities:	Safari:	Adventure:	Other: