

# Coed y Glyn Travel Clinic

## Patient Information Form

Please provide as much information as possible to enable to the best advice to be given. Copies of this form are available in reception or can be downloaded from our website to print yourself.

Full name and address \_\_\_\_\_  
\_\_\_\_\_

Contact telephone number \_\_\_\_\_

Dates of travel - from \_\_\_\_\_ To \_\_\_\_\_

Activities planned e.g. Town, Rural, Off the Beaten Track, Safari etc \_\_\_\_\_  
\_\_\_\_\_

Countries to be visited. Please indicate location(s) and provide a map if possible \_\_\_\_\_  
\_\_\_\_\_

Immunisation History, if known \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other information you may feel important \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please drop the completed form into reception.*** Thank you.

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