

STABLE FOLD SURGERY
119 Church Street, Westhoughton, Bolton BL5 3SF

YELLOW FEVER VACCINATIONS

PATIENT QUESTIONNAIRE

Please complete this form and return it to the Receptionist at least 24 hrs before your appointment.

Full Name: (exactly as shown in your passport)

Address:..... Male Female

..... Date of Birth:

..... Nationality:

Travel destination(s):

Name of your GP:

Address:

.....

.....

Current medication:

.....

.....

Do you have any allergies? Yes No

If YES please give details:

Date & time of appointment:.....

PLEASE BRING YOUR PASSPORT WITH YOU TO YOUR APPOINTMENT