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## **Kids First Safe Travel Consultation**

Pat Lawrence, APN/CPNP

We want to make sure we have the most up to date information to plan for your health needs while you travel. Please provide the following information so we can help you prepare for your upcoming trip.

You can mail, fax or bring this to the office and we will set up a time for you to come for your travel consultation.

If there are medications to be given at that visit, we will contact you ahead of time to pick up the medications at your pharmacy and bring them in to the office.

**Traveler's name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_

Medical problems: \_\_\_\_\_

Current medications: \_\_\_\_\_

Allergies Food: \_\_\_\_\_ Medications: \_\_\_\_\_

**Parents' names:** \_\_\_\_\_

Best contact phone number: \_\_\_\_\_

Best email: \_\_\_\_\_

Pharmacy: name/address/phone: \_\_\_\_\_

\_\_\_\_\_

**Planned travel dates:** \_\_\_\_\_

Location: (country, city): \_\_\_\_\_

Type of travel: (business, vacation, visit family) \_\_\_\_\_

Accommodations: (relatives home, hotel, resort, camping) \_\_\_\_\_