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Kids First Safe Travel Consultation

Pat Lawrence, APN/CPNP

TODAY'S DATE: _____

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. Please make sure we have **all the locations** you are visiting and the dates of travel.

We may not be able to accommodate last minute requests. Please contact us 4-6 weeks before you travel.

You can mail, email, fax or bring this form to the office and we will set up a time for you to come for your travel consultation. We will let you know then if vaccines or medication are needed. Please be aware that we do not prescribe medication for travel over the phone.

* Please call the office to set up a patient portal account if you do not have one.

Traveler's name: _____ **DOB:** _____

Medical problems: _____

Current medications: _____

Allergies Food: _____ Medications: _____

Parents' names: _____

Best contact phone number: _____

****Date leaving the US:** _____ **Date returning to US:** _____

***ALL Locations you are visiting:** (Country, city and Providence)

Type of travel: (business, vacation, visit family, mission, school trip)

Accommodations: (relatives home, hotel, resort, camping) _____