

DR DEB - THE TRAVEL DOCTOR

Dr Deborah Mills, Level 5 247 Adelaide Street, Brisbane Q 4001
GPO BOX 2832 BRISBANE 4001 Phone: 07 3221 9066

CONFIDENTIAL MEDICAL QUESTIONNAIRE

This form will allow me to register you and organise a Rabies antibody test via S & N. I will post the S & N form to you and ring you if necessary. This information will not be used for any other purpose.

First Name: Last Name: Date of birth :

Address: Postcode:

Email:

Best Time to Ring: Phone No:

Please give the dates of your first rabies vaccinations and details *if available*:

<i>Date</i>	<i>Batch no/ name of vaccine</i>
1	
2	
3	

Dates of Rabies vaccine boosters if any:

Previous Rabies Blood tests/ Serology /antibody titre level *if available*

<i>Date</i>	<i>Result</i>

Would you like a copy of the result to go to your GP. () Yes () No
If yes – please give your GP's name and suburb

GP Name: Suburb:

I am a volunteer Bat Carer/Handler. () Yes () No Signed.....

Doctors use only