

International Travelers' Medical Clinic
5601 Norris Canyon Road, Ste. 220
San Ramon, CA 94583
925-277-2050
Returning Patient Form

Date: _____

Name: _____

DOB: _____

Address: _____

Phone# _____

List Current:

1. Medical conditions: _____

2. Medications: _____

3. Allergies: _____

Travel Itinerary:

Departure date: _____

Return date: _____

City	Country	# of days
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of travel & other concerns: _____

Please list vaccines you have received elsewhere since your last visit to our clinic:

***Please remember to bring your yellow book**

Patient Signature