INTERNATIONAL TRAVEL CLINIC
Dr. Kunjana Mavunda, MD, MPH, DTM&H
6280 Sunset Drive- Suite 607
South Miami, FL 33143

Today's Date: _____

Patient Name: _____ _____
Last **First**

Date of Birth: _____/_____/_____ **Last Four of S.S**:_____
Month/Day/Year

Telephones: Home:_____ **Cell:** _____

Address: _____ **Zip:** _____

Email: _____

Who referred you to our office? _____

Primary Care Physician:_____**Telephone:** _____

Name of Pharmacy: _____**Telephone:**_____

Emergency Contact Person: _____
Telephone Number: _____

Where were you born? _____

How long have you been living in South Florida?_____

List of countries you have traveled to: _____

_____

Do you have any medical condition that warrants maintenance medications or physician follow-up?
Explain:_____
_____

Have you ever been hospitalized for any illnesses or operations?
Explain_____

List any allergies you have:
_____
_____

List medications you take:
_____
_____
_____

Are vaccines up to date: Yes_____ No_____ Unsure____

Date of last menstrual period:_____

Other pertinent comments:
_____
_____
_____

Current Weight: _____

Name: _____

Patient Signature: _____