

## General Customer Information

Patient Id: 2543826

<b>BIO Data</b>	
First Name	Alexander
Middle Name	
Last Name	Rowland
Birth Date	Dec 11, 1993
Weight (lbs)	160
Sex	M
<b>Address</b>	
Address	24835 Calle Cedro
City	Calabasas
State	CA
Zip Code	91302
<b>Contact Information (to confirm your appointment)</b>	
Email	arowland900@gmail.com
Cell Phone	818-223-1625
Home Phone	818-876-0160
Work Phone	
<b>Emergency Contact Information</b>	
Emergency Contact	Tamara Rowland
Relationship	Mother
Phone	818-268-9857
<b>PCP Info</b>	
Send vaccine record to doctor?	No
Primary Care Physician	
<b>RX Info</b>	
Pharmacy Name	
Pharmacy Address or Cross Streets	
Pharmacy City	
Pharmacy State	
Pharmacy Postal Code	
Pharmacy Phone	

Pharmacy Fax	
<b>Work Status</b>	
Currently employed	Yes
Company	Other - Employer Not Listed Below
<b>Been Here Before</b>	
Have you been to a Passport Health clinic before?	No

## Medical History

<b>Past Medical History</b>	
Cancer	No
Atherosclerosis	No
HIV/AIDS	No
Psychiatric Conditions	No
Thymus Removal	No
Thyroid Disease	No
Acid Reflux	No
Anxiety/Depression	No
Asthma	No
Arthritis	No
Diabetes	No
Epilepsy	No
Gastrointestinal disease	No
Heart disease	No
Hepatitis	No
High blood pressure	No
Kidney disease	No
Liver disease	No
Migraines/headaches	No
Neurological	No
Rheumatoid arthritis	No
Tuberculosis	No
Eczema, psoriasis, or other chronic dermatitis	Yes
Describe	I have eczema and atopic

	dermatitis.
Do you have any history of Guillain-Barre syndrome or paralysis?	No
Other	No
<b>Other Medical Concerns</b>	
Are you receiving steroid medications such as cortisone or prednisone?	No
Do you have a previous history of tendonitis/tendon rupture?	No
Are you receiving radiation or other treatments?	No
Do you have a history of fainting with shots?	No
Do you have any history of motion sickness?	Yes
Describe	i get carsick sometimes, and sick when on boats sometimes
Are you caring for anyone who is immunocompromised?	No
Do you have heart problems or cardiac arrhythmia or irregularity?	No
Do you have bleeding problems, take anticoagulants, aspirin or aspirin therapy?	No
Are you currently experiencing any respiratory infections, or other acute illness or infection?	No
Do you experience nightmares or insomnia?	No
Do you have stomach/bowel conditions such as frequent diarrhea or constipation?	No
Have you been diagnosed with sleep apnea?	No
Have you ever had a positive TB skin test?	No
<b>Allergies</b>	
Do you have any known drug allergies?	No
Have you ever had a reaction to an immunization in the past?	No
Eggs	No
Feathers	No
Formaldehyde	No
Gelatin	No
Insect/Bee stings	No
Latex	No
Mercury	No
Quinine	No
Thimerosal	No
Yeast	No
Other	Yes
What occurred?	allergic to dairy, wheat, and some pollens. not severe.
<b>Malaria</b>	

Have you ever taken malaria pills?	No
<b>Vaccine History</b>	
Which Vaccines have you received in the past?	
During the past 3 months, have you received a blood or plasma transfusion, been given a shot called Immune Globulin, or received Flumist, MMR, Oral Typhoid, Yellow Fever, Varivax (chickenpox), and/or Zostavax (shingles)?	No
Have you ever had chickenpox?	No
<b>Current Medications</b>	
Do you take medications (prescription and non-prescription)?	No
<b>Client Acknowledgement</b>	
<p>The above information is accurate to my best recollection. I understand that insurance may not cover travel immunization services and I am responsible for all applicable office visit, immunization, laboratory, physical, and diagnostic fees associated with this visit. Passport Health is not a medicare provider. Payment is due at the time of service by cash or credit card. I have consented to all vaccines received. I will receive record of all vaccines administered, and I am responsible for the maintenance of my vaccine record. Passport Health keeps active records on file. Inactive records are kept on file in accordance with state law.</p> <p><b>*The yellow fever vaccine is only available at our 5455 Wilshire Blvd, Los Angeles, CA location. In the event that you may need this vaccine, you will need to be scheduled at the Wilshire Blvd office.*</b></p> <p><b>Cancellation Policy:</b></p> <p>In our effort to provide you with the best possible service, we do not double book patients or accept walk-ins. This guarantees you one on one time with our travel nurse specialist. A credit card is required to secure your appointment. A No-Show fee of \$80.00 (same as the office visit fee) will only be charged in the event:</p> <ul style="list-style-type: none"> <li>┆ You do not show up for your appointment</li> <li>┆ You call less than 24 hours before your appointment</li> <li>┆ If you made an appointment less than 24 hours before your scheduled time, the cancellation fee will be charged unless we are able to rebook the time with someone else .</li> <li>┆ For Monday appointments: Please call our office by 10 am the Saturday before your appointment to notify us of any changes to your upcoming Monday appointment. Any calls to change your appointment after 10am Saturday are subject to the No-Show Fee of \$80.</li> </ul> <p>Every effort will be made to fill that slot if you cancel or reschedule. If we are unable to re-book that time slot, your credit card will be charged. By booking your appointment, you confirm your understanding and compliance with Passport Health Los Angeles' cancellation policy. Thank you for your understanding.</p> <p><b>The office visit fee is \$80 per person. A \$10 discount will apply if you complete the online Medical History portion of your record PRIOR to your appointment. Any vaccines that you receive are in addition to the office visit.</b></p> <p>We look forward to seeing you.</p> <p><b>NOTE: Please bring your vaccine record with you to your appointment for a travel specialist to review.</b></p>	

<a href="#">Click here to read the hipaa policy and consent form</a> I have read the hipaa policy and consent form	
By checking this box, I acknowledge and agree to the foregoing	True
Signature	Alexander J Rowland
You Previously AGREED on <b>Dec 4 2019 5:06PM</b>	
client did not complete online intake; RN provided copy of <a href="#">hipaa and privacy policy</a> ; RN had client sign paper copy of acknowledgement	False
<b>Consent to Release Records</b>	
I authorize Passport Health to release my protected health information (PHI) with the people or companies listed below. This authorization is ongoing. I may cancel this authorization at any time by submitting a written request to Passport Health or by removing the consent to release records digitally by updating my intake information.	Yes
Self-Consent	Yes
Consent Signature	Alex Rowland
Entity Information	
Entity Information	

## Current Travel Info

Trip Purpose	Pleasure
Leaving Country	Yes
Date Leaving	Dec 21, 2019
Date Returning	Jan 03, 2020
<b>Which countries are you visiting?(please list countries in the order of your visit)</b>	
<b>Country</b>	<b>City</b>
Senegal	Dakar
<b>Length of Stay (days)</b>	
12	
Would you like for a passport and visa expert to call you directly to assist with your travel document needs?	No
<b>Tell us more about your travel document needs. Do you need:</b>	
Tourist Visa Service	No
Business Visa Service	No
Student Visa Service	No
New Passport Service	No
Renewed Passport Service	No
Expedited Passport Service	No
Other Service	No

Will you be doing any of the following during your trip?	
SCUBA Dive	No
Mountain Climbing	No
Camping	No
Working with Animals	No
Medical Work	No
Staying in Rural Areas	No