

Policy re supply of Malaria medication and MSK without a consultation

Malaria medications such as Malarone, Riamet, Doxycycline, and Lariam are S4 prescription drugs. The Malaria survival kit (Malaria test kit) contains Riamet.

At the discretion of the doctors, individuals can access extra malaria supplies without a formal consultation, provided these individuals meet the following criteria:

- They have been seen at our clinic in person within the previous 12 months,
- Were prescribed the same type of Malaria pill etc in the past by our doctors,
- Are visiting the same destination as previously discussed with our doctors,
- They report no significant side effects from the medication,
- No other vaccines etc are due (this is checked by medical staff), and
- We are provided a legible DD922 form with all applicable fields completed.

On receipt of the request form, a doctor will review the patient's file to determine if any other vaccines, blood tests etc are due.

The patient or a nominated person will then be contacted by email or phone to advise them that the medication is ready for collection.

There is an administration fee of \$40 + GST (listed as Corp AA on the invoice) for staff time to track requests, review files and prepare medication. This is charged regardless of trip cancellation or failure to collect medication.

It is strongly recommended that planning for accessing repeat supplies of medication be commenced well in advance of departure. This process takes time; expect one business day.

We have discussed these policies with representatives from both the AMA and our medical defence organisation.

We are not able to supply medication for persons who are not our registered patients.

To access Malarone or MSK in PNG, we recommend you contact International SOS.

Name _____ Date of Birth _____

Are you returning to the same location previously discussed with our doctors? _____

Resupply requested for:

() Malarone	() Doxycycline	() Mefloquine	() MSK & Riamet
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How long have you been taking this medication?

() Less than one month () 2-6 months () 6-12 months () over 12 months

Have you had any noticeable side effects?

() No

() Yes - if yes, please mark on the following table

just noticeable >>>>>>>>>>>> intolerable

	1	2	3	4	5
nausea	☐	☐	☐	☐	☐
headache	☐	☐	☐	☐	☐
stomach pain	☐	☐	☐	☐	☐
loss of appetite	☐	☐	☐	☐	☐
mouth ulcers	☐	☐	☐	☐	☐
diarrhoea	☐	☐	☐	☐	☐
dizziness	☐	☐	☐	☐	☐
cough	☐	☐	☐	☐	☐
fatigue	☐	☐	☐	☐	☐

Other? Please describe:

Do you notice more side effects at the *start* of the course? ☐ No ☐ Yes

If yes, how long do they take to subside?

How many weeks of risk do you wish to be covered for on this resupply?*

*Only write the number of weeks needed for coverage, please do not try to calculate the number of tablets needed

Departure date? _____

Contact no/email (when medication is ready to collect)

Name of person collecting the medication (if not you)

Please note collection is to be made before 4pm weekdays.

Your signature _____ Estimated collection date/time? _____

Thank you - please return form to our clinic <clinic@thetraveldoctor.com.au>

Medical Staff use only Rx _____ Qty _____ Signed _____ Date _____