

**DYKES HALL MEDICAL CENTRE and DEER PARK SURGERY**

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Dr J. S. Bowman, Dr E. J. Callingham, Dr A. Goodarzi, Dr. J.H Scholefield

**Travel Consultation Questionnaire**

Please complete this form and return to reception along with a £10.00 consultation fee.

Once the form and payment has been received, your travel consultation appointment can be booked.

<b>Name:</b> _____	<b>Date of Birth:</b> _____
<b>Address:</b> _____	
<b>Contact Telephone Number:</b> _____	

<b>Additional Travellers</b>	
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

<b><u>Holiday Details</u></b>
Countries to be visited: _____ _____
Date of departure: _____
Date of return: _____
Type of Holiday :
Hotel    Self Catering    Backpacking    Safari    Visiting Relatives    Business