Date of first health care access/procedure (DD/MM/YY)_____  ☐ Unknown

**Location where health care was obtained:**

Country_____ City_____

Facility type:  ☐ Hospital *(please select one or more of the following)*:

☐ Inpatient  ☐ Outpatient  Total length of stay _____ days

☐ Outpatient clinic
☐ Free-standing surgical facilities

☐ Unknown
☐ Other, specify: _____

**Nature of health care sought (check one):**

☐ Medical  ☐ Dental  ☐ Ophthalmologic (e.g., cataract)
☐ Surgical (non-cosmetic)  ☐ Cosmetic procedure (e.g., face lift, liposuction, etc.)
☐ Diagnostic procedure (e.g., colonoscopy, etc.)  ☐ Unknown
☐ Other, specify _____

**Details of treatment received:**

**Name of procedure/treatment received:**

☐ Breast surgery  ☐ Facial surgery  ☐ Bone / Joint surgery  ☐ Body contouring
☐ Bariatric surgery  ☐ Gender reassignment ☐ Diagnostic procedure (e.g., colonoscopy, etc.)
☐ Ophthalmologic surgery  ☐ Transplant surgery  ☐ Endoscopy / Colonoscopy
☐ Fertility treatment / surrogate pregnancy  ☐ Dental care  ☐ Injection
☐ Other, specify _____  ☐ Unknown

Is the primary GeoSentinel diagnosis today related to this health care?  ☐ Yes ☐ No ☐ Not ascertainable

Other treatments received (check all that apply):

☐ Medical diagnostic procedure (e.g., blood draw) or treatment

☐ Injection or infusion

☐ Blood product

☐ General Anesthesia

☐ Antibiotic/antiparasitic/antimalarial, specify:

☐ Multiple IV ATBs  ☐ Antibiotics – Cephalosporin  ☐ Antibiotics – Carbapenem
☐ Antibiotics – Penicillin Group  ☐ Antibiotics – Quinolone Group
☐ Antibiotics – Macrolide Group  ☐ Antibiotics – Tetracycline Group
☐ Antibiotics – Other_____  ☐ Antibiotics – Unknown

☐ Antiparasitic_____  ☐ Antimalarial_____
☐ Antiviral_____

Outcome of the treatment abroad (check one):

☐ Uneventful/no complication

☐ Immediate/Early complication <30 days after treatment (e.g. re-surgery)

    ☐ Re-surgery      ☐ Wound breakdown    ☐ Infection     ☐ Pain/Discomfort

    ☐ Evacuation          ☐ Other_____

☐ Late complication (e.g., hernia, fistula, malformation, etc.)

    ☐ Implant loosening / rupture     ☐ Infection    ☐ Malformation

    ☐ Hernia / fistula   ☐ Aesthetic dissatisfaction

    ☐ Evacuation       ☐ Other_____

Reasons for seeking planned medical care abroad (check all that apply):

    ☐ Less costly

    ☐ More convenient (shorter wait time, few barriers to care, etc.)

    ☐ Specific procedure/vaccine/medication is not available in country of residence

    ☐ Desire for second opinion

    ☐ Desire for anonymity

    ☐ Know/trust the doctor/dentist/facility

    ☐ Believe procedure/intervention/expertise is more expert abroad

    ☐ Completing a vaccine series → If checked, ☐ Rabies ☐ JE ☐ Hepatitis B ☐ Other _____

    ☐ Start a new travel vaccines → If checked, ☐ Rabies ☐ JE ☐ Hepatitis B ☐ Other _____

    ☐ Other, specify: _____