

PASSENGER PROFILE

PASSENGER NAME _____

ADDRESS _____

CENTRE ATTENDING _____



Your assistance is sought in completing this form to enable us to address and accommodate the specific needs of the client when travelling

If you are unsure how to respond to any of the questions asked or in turn would prefer the assistance of a member of staff in completing this form please contact office staff on 01922 685555 who will be happy to oblige.

HOME STATUS (Please confirm the home environment of the client)

Lives alone Lives with Family Sheltered Property Care / Rest Home

PROPERTY TYPE (Please confirm the type of home the client lives in)

House Bungalow Flat (Floor Level)

Is the client able to negotiate stairs / steps unaided

Yes

No If No, Give details _____

Are there any obstacles / barriers that may impair access to / from the client's home
e.g.. dog, locked gate, shared intercom access to flats, etc

No

Yes If Yes, Please explain _____

EMERGENCY CONTACTS

In the event of the client being taken ill or being involved in an accident please give the names of two people the client would wish us to contact

Name

Relationship

Phone No. (Mobile Preferable)

Continue Overleaf

