Clear Form


Please submit a recent photo of the traveler when returning this paperwork.

Trip Location: _____

Trip Date: _____

## General Information

Traveler's legal name_____ Birth date_____ Age_____

Street address_____ City_____ State_____ Zip code_____

Phone _____ Sex: Male☐ Female☐

Airport of choice (If not Minneapolis/St Paul, other fees may apply) _____

## Passport Information (if applicable)

Name on passport:_____ Passport number:_____

Date issued:_____ Expiration date:_____ Country of issuance:_____

## Contact Information

### Legal Guardian/Conservator Information

Name_____ Phone_____

Street address _____ City_____ State_____ Zip_____

Relationship to traveler_____

### Residential Contact Information (if applicable)

Name_____ Phone_____

Street address _____ City_____ State_____ Zip_____

Relationship to traveler_____

## Communication Information

*Please check one box for each question below. Hard copies will only be sent to one person, additional copies can be sent via email upon request.*

| | | | |
|---|---|---|---|
| **Send billing information to:** | ☐ Traveler | ☐ Guardian/Conservator | ☐ Residential contact |
| **Send consents and waiver to:** | ☐ Traveler | ☐ Guardian/Conservator | ☐ Residential contact |
| **Send pre/post trip materials to:** | ☐ Traveler | ☐ Guardian/Conservator | ☐ Residential contact |

*(Pre/Post trip materials include: Itinerary, Cash ledger, Packing Guide, Medication Envelopes/Instructions, Luggage Tag and Trip Picture Disc)*

## Staff to Traveler Ratio Please explain if other than 1:4 (additional fees may apply)

☐ 1:4 (or less) ☐ 1:1

## Behavioral Concerns (Check all that apply):

**If traveler has any behavioral concerns please complete the "Behavioral Supports" form.**

| | | |
|---|---|---|
| ☐ Hitting | ☐ Refusal to leave an area | ☐ Self injurious |
| ☐ Biting | ☐ Crying for no apparent reason | ☐ Yelling |
| ☐ Eloping | ☐ Throwing objects | ☐ Swearing |
| ☐ Vehicle safety | ☐ Refusal to take medications | ☐ Inappropriate sexual behavior |

**Other (specify below):** ☐ **Traveler has no behavioral concerns**

## Medical History (Check all that apply; please describe severity and any needed assistance in the section below)

☐ **Heart problems (please explain below)**
☐ **High blood pressure**
☐ **Pacemaker**
☐ **Seizure disorder**
**Controlled: yes☐ no☐**
**PRN Medication: yes☐ no☐**
☐ **Diabetes**
**Controlled: yes☐ no☐**
**Injections: yes☐ no☐**
**With staff assistance: yes☐ no☐**
**Blood testing: yes☐ no☐**
**With staff assistance: yes☐ no☐**

☐ **Asthma**
☐ **Pulmonary disease**
☐ **Communicable disease**
☐ **Blind**
☐ **Deaf**
☐ **Edema**
☐ **Migraines**
☐ **Traumatic brain injury**
☐ **Stomach problems or ulcers**
☐ **Uses portable oxygen (please describe device below)**
☐ **Catheter (please explain below)**
☐ **Ostomy (please explain below)**

## Description/assistance needed of above or Other not listed (specify):

## Lifestyle Choices:

☐ **Uses tobacco products**
☐ **Consumes alcohol**

*It is Hammer Travel's policy that no more than two alcoholic beverages are consumed daily.

## Allergies

Does traveler have any allergies? ☐ Yes ☐ No If "Yes", please describe below:

Medicines:

Food:

Other:

Describe allergic reaction:

## Diet

Is traveler on a special diet? ☐ Yes ☐ No

If "Yes", please describe:

## Toileting

Does traveler need assistance toileting? ☐ Yes ☐ No

If "Yes", please describe:

## Daily routines

Usual bed time:_____

Preferred activity length:_____

Naps throughout day: ☐ Yes ☐ No

Enjoys shopping: ☐ Yes ☐ No

Slow to get started in the AM: ☐ Yes ☐ No

Is alright in larger group settings: ☐ Yes ☐ No

Difficulty going to bed: ☐ Yes ☐ No

Is alright in loud settings: ☐ Yes ☐ No

## Additional Information (Check all that apply) If you check "Needs assistance" please describe below

**Eating**

- ☐ No assistance needed
- ☐ Needs assistance*
- ☐ Slow eater
- ☐ Needs food cut into pieces
- ☐ Needs food pureed

**Vision**

- ☐ No difficulty seeing
- ☐ Wears glasses
- ☐ Wears contact lenses
- ☐ Traveler is blind

**Dressing**

- ☐ No assistance needed
- ☐ Needs assistance*

**Swimming**

- ☐ Independent
- ☐ Needs life jacket/floats
- ☐ Needs to stay waist deep
- ☐ Can't swim

**Speaking**

- ☐ No difficulty speaking
- ☐ Speaks slowly
- ☐ Uses computer/machine to speak
- ☐ Is non-verbal

**Bathing**

- ☐ No assistance needed
- ☐ Needs assistance*
- ☐ Needs roll in shower
- ☐ Needs shower bench/chair

**Hearing**

- ☐ No difficulty hearing
- ☐ Need to speak slowly
- ☐ Needs statements repeated
- ☐ Wears hearing aid/s
- ☐ Traveler is deaf

**Ambulation**

- ☐ No help needed
- ☐ Needs help on unstable ground
- ☐ Arm in arm assistance when walking
- ☐ Uses a walker
- ☐ Wheelchair for long distances only
- ☐ Uses a manual wheelchair
- ☐ Uses an electric wheelchair

Wheelchair weight: _____

Battery type: _____

***If wheelchair is used:***

- ☐ Requires a wheelchair accessible van
- ☐ Can self transfer
- ☐ Needs assistance to transfer
- ☐ Can bear weight
- ☐ Traveler is a 2 person transfer

Traveler's weight _____

- ☐ Uses a lift at home

Please describe below, any assistance needed with personal cares, transfers, etc.

Please note: "transfer chairs" cannot be used on trips. If using a manual wheelchair, travelers may only bring wheelchairs with big back wheels.

### *Additional Information (assistance needed, routines, likes/dislikes, etc.):