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Name Surname : Date of birth:...../...../.....

Nationality: Gender:

COMMUNICATION PREFERENCES

Telephone number:

Communication Language :

Note:.....

TRAVEL PREFERENCES

Airport / Aircraft Auxiliary / Medical Device Use: No There is.....

Note:.....

Flight Class Preference Economic Business

Note:.....

Airport - Hospital - Guest House Transfer Preference Vehicle Classification: Car Ambulance
 Minibus Other

Note:.....

ACCOMMODATION PREFERENCES

Hospital Standard Connection Suite VIP Suite

Additional Medical Needs / Equipment :.....

Note:.....

Hotel - Guest House Number of Rooms and Beds :.....
Hostel Type : Full Bed & Breakfast

Note:.....

FOOD AND BEVERAGE PREFERENCES

Vegetarian Halal Food Kosher Food Vegan Gluten Free Other

SPIRITUAL PREFERENCES AND DEMANDS

Areas of Worship Spiritual Counseling Preferences Other.....

COMPANION PREFERENCES

Companion - Caregiver Request: Full-time Part-time Own Companion

ADDITIONAL REQUESTS

Personal Care Requests, Privacy Requests, Visiting Hours Preferences, Other.....

Note:.....

INTERVIEWING PERSONNEL NAME SURNAME SIGNATURE