INTAKE FORM

Caring for those with additional needs

Please help us understand our passenger by answering the questions below. These answers will help us provide the best possible experience and safest environment while in transit. Any information shared is communicated directly with those providing transportation and only on a “need to know" basis. If you have any questions, please contact us.

Passengers name: _____ DOB: _____ UCI#:_____

Age:_____ Diagnosis:_____

Pickup Address: _____

Drop Off Address (if different from pickup):_____

Ambulatory: Yes ☐ No ☐ Aide request: Yes ☐ No ☐ How many?

Main form of communication:
Verbal ☐ Visual Supports ☐ Sign Language ☐ Digital Devices ☐

Prone to seizures? Yes ☐ No ☐ If yes, please provide your seizure protocol

_____

Behavior concerns to be aware of: _____

_____

Trigger points for frustration/resistance: _____

Calming tools and aids: _____

Behaviors that may communicate a specific need: _____

Have you ever been suspended or terminated from transportation? Yes ☐ No ☐

If yes, please explain in minimal detail:_____

Additional comments or ideas so we can better serve during transport?

_____

Emergency contact number: _____ Name: _____

559-317-8134 * 515-770-5315
jana@g-aimstransportation.com