

iDestination Care

Travel Service Intake Form

1. Client Information

Full Name: _____

Relationship to Traveler: _____

Phone Number: _____

Email Address: _____

Address: _____

2. Traveler Information

Full Legal Name (as on passport): _____

Date of Birth: _____

Primary Language: _____

Citizenship: _____

Passport Expiration Date: _____

Is traveler a minor? Yes No

If minor, list all legal guardians: _____

3. Travel Details

Departure Airport: _____

Destination: _____

Airline(s): _____

Flight Dates & Numbers: _____

Return Date (if applicable): _____

Is this:

Airport Concierge Only

Domestic Companion Travel

International Companion Travel

4. Medical & Mobility Disclosure (Required)

Does the traveler have any of the following?

- Mobility limitations
- Use of wheelchair or assistive device
- Cognitive impairment
- Anxiety or panic disorder
- Medication requirements during travel
- Chronic medical conditions
- None

If yes, please explain in detail:

Is traveler medically fit for air travel? Yes No

Emergency Contact Name & Number:

5. Behavioral & Safety Disclosure

Has the traveler ever:

- Experienced panic during travel
- Refused boarding
- Displayed aggressive behavior
- Required medical assistance while traveling
- None

Explain if applicable:

This section protects you more than you realize.

6. Documentation Responsibility

Client acknowledges responsibility for ensuring:

- Valid passport
- Required visa (if applicable)
- Notarized minor travel consent (if applicable)
- Medical documentation (if required)

7. Communication Expectations

Preferred contact method during travel:

- Text
- Email
- Phone

Authorized persons to receive updates:

8. Acknowledgment

I certify that the information provided is accurate and complete. I understand that failure to disclose relevant medical, behavioral, or documentation information may result in termination of services without refund.

Signature: _____

Date: _____