

Special Care Travel Medical Information

Name of Traveler Gender D.O.B
 Height Weight Build Complexion Eye Colour
 Hair Colour Hair Legnth Ethnicity Religion
 Beard Glasses Any other distinguishing features

Name of person completing this form on your behalf

Phone Mobile Relationship to you

Immunisation

Tetanus: Whooping Cough: Diphtheria: Measles: Rubella

Influenza: Hepatitis Mumps Triple Antigen Other

Any known allergies Blood Type if known

Communicable Disease known or suspected

Medical History	YES NO	Details of assistance required
Asthma		
Diabetes		
Epilepsy		
Heart Condition		
Kidney Complaint		
Hay Fever		
Blood Pressure		
Depression		
Migraine/Headache		
Incontinence		
Blackouts/Dizzy Spells		
Memory Loss/Dementia		
Physical Impairment		
Visual Impairment		
Hearing Impairment		
Speech Impairment		
Unsafe Behaviour/absconding		
Aggressive Behaviour		
Anti-Social Behaviour		
Psychological		
Travel Sickness		
Sleep Walking		
Sleep Apnoea		
Inappropriate Sexual Behavior		
Other		

Please attach further information if necessary

Epilepsy Details

Type of Seizures

Severity & frequency

Possible Triggers

Within the past 12 months how many times were you admitted to hospital?

Name of Hospital

Reason for admission

Attach Epilepsy Management Plan if available or describe support requirements.

Specialist Physician Name

Phone

Address or Email

Personal Care Requirements	No Support	Prompt Only	Full Support	Details of assistance required
Showering				
Washing Hair				
Cleaning Teeth				
Shaving				
Toileting				
Menstrual Hygiene				
Choosing Clothes				
Dressing				
Eating				
Cutting Food				
Drinking				

Additional Instructions

Mobility Details

Do you have mobility difficulties?

Do you use a mobility aid? Please describe

Can you mount steps independently?

Do you have depth perception impairment?

Are you unsteady on your feet in any way?

Are you only able to walk short distance?

If you use a wheelchair or scooter what type is it?

Can you transfer with minimal support?

Can you board a bus independently?

Do you require support to cross a road?

Do you need to use a disabled lavatory?

Please attach more details if required

Continence

Do you experience incontinence?

Please detail incontinence support required

Do you require prompting to use the toilet regularly?

Do you use a continence aid at all times or only overnight or on long outings?

Do you require assistance with your aid?

Do you require bedtime aids Kylie or Mattress Protector?

Please list any other continence aids and support required

Dietary

Do you have any special dietary requirements?

For more complex needs please attach Eating & Drinking Plan & Suggested Menu Plan

Do you have any food allergies?

List your favourite foods

List foods you dislike

Please provide any specialised equipment you require at mealtimes.

Any additional instructions

Communication

Do you respond to verbal speech in the appropriate way?

What other forms of communication do you use?

Can you read? Write? Sign your Name? Tell the time?

If you are non-verbal please attach Communication Support Plan

Please supply any other Communication Aids required to support you

Any other additional instructions

Behaviour

Are any of the following behaviours used to communicate needs or feelings

Crying Yelling Hitting/Punching/Pinching Biting/Kicking Scratching

Rocking Head Banging Breaking/Throwing Objects Social Withdrawal

Swearing Injuries to Self, Staff or Others

How often does this occur?

Describe in detail words or gestures that are also used

What are the warning signs?

How long does it last?

What strategies are used to manage the behavior?

Please provide Behaviour Support Plan if available

Any other behavioural issues we need to be aware of to support you effectively?

Special Care Travel is unable to cater for travelers with aggressive or violent behaviours

Important information about you

Are you aware of the dangers of Pools? Roads? Heights? Stranger Danger?

Can you swim unsupervised?

Do you consume alcoholic drinks? How many per day? Do you smoke?

Do you require support during the night?

Do you require support with money management?

Are you likely to steal in any way?

Are you inclined to wander or abscond from the tour group?

Any other specific supervision required?