



Mission Intake Form

Patients: please have these names and numbers handy when speaking to our Mission Coordinator

Social Workers: please complete as much information as possible then scan and email to CAIR Flight

CAIR FLIGHT, Inc.
8595 Montravail Circle, Suite 913
Tampa, FL 33637
813-360-0889
RICK@CAIRflight.org

Date: _____ Person calling: _____

Phone #: _____ Email: _____

How did you hear about us (contact info)? _____

■ Passenger Information

Name: _____ Sex: Female Male Ambulatory?: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Best place to leave a message? _____ E-mail Address: _____

Birth date: ____/____/____ Age: _____ Weight: _____

Name of person to call in an emergency: _____

Relationship: _____ Phone: _____

■ Passenger Health Information

Referring Physician's name: _____ Phone: _____

Facility name: _____ Email: _____

Destination Physician's name: _____ Phone: _____

Facility name: _____ Email: _____

Patient's medical condition/diagnosis: _____

Crutches Walker (folding) Oxygen Other: _____ Wheelchair (must be shipped)

■ Mission Information

Originating City & Airport: _____ Destination City & Airport: _____

Appt. Date: _____ Time: _____

Departure date/time: _____ Return date/time: _____

Passenger Name: _____ Age: ____ Weight: _____

Relationship to patient: _____

Total Baggage weight: _____ (not to exceed 40 lbs. in a soft-sided bags)

NOTE: Passengers are responsible for their own ground transportation. All passengers must sign a Liability Waiver. Flight delays are possible due to weather or aircraft; carry cash for meal(s) should there be a delay.