



SPECIAL NEEDS CLIENT

Questionnaire



Does anyone in your party have a special need?

- Mobility Disability
- Dietary Restrictions/Food Allergies
- Cognitive Disability
- Visually Impaired/Blind
- Hearing Impaired/Deaf

Does anyone in your party require any of the following when traveling?

- Dialysis Services
- Oxygen Concentrator
- Anything not listed

Does anyone in your party have a special need?

- YES
- NO

