Ride Information Sheet for Dispatchers creating profiles and booking rides (only bottom part needed if existing passenger)

If YES, complete <u>all</u> information and creat	e a new Passenger Account in S	STARS before booking the	ride.
Ask if the passenger is mobile before pro	oceeding. We cannot drive pass	sengers in a wheelchair.	
Passenger Account Information: (Passen	ger Status is "Active" on profile	e)	
Name	DOB:	Veteran Y or N: _	
Nickname or name to ne called:			
Address			
Telephone numbers: Cell:	_ Land Line:		
Email (please print/confirm)		(Not Required – ente	er after profile created))
Conditions: Do you have medical condition MobilityVision Hearing	= :	•	•
Mobility Aids: Do you have difficulty walk Are you aided by a mobility device? See cane Crutches W	Iropdown to enter.		?
Do you have allergies to animals? Yes			ou? Yes No
Emergency Contact:			
Name:	Relationship:		
Phone: EMAIL			
Passenger Appointment Information (Ple blocks - Special notes and Special notes	ease explain WAIVER to new pa		
Medical Provider/Business Address:			
Medical Provider Phone:		(Needed only if n	no favorite created)
Appointment Date:	Appointment Time:		
Requested Pick up Time:	Appointment Duration:		
Does this ride include: sedation/anesthe provide a ride if you are accompanied by Dispatchers add this info to comments be	a companion rider and If they a		
Companion's Name:	Relationship:	Phone:	
Read to each passenger" "Please unders driver by 3 pm the day before your appo We always do our best to make sure you	tand rides are based on volunt intment, please make alternat	eer driver availability. If y	you have not received a call from a

-updated 10/17/23 by Rennie Morrell

You may also ask if they need to be notified sooner and put that in the ride notes.