

Wings for Children
Flight Division
Post Office Box 1962, 1900 Oak Street
Myrtle Beach, South Carolina 29578-1962

Mission Intake Form

Initials of Intake Person _____ Date & Time _____

Caller & Phone #: _____

Heard about AF? _____ Gender _____ Race _____ Weight _____ Height _____ Date of Birth _____ Age _____

Patient Name _____ Insurance: Medicare _____ Medicaid _____ Private: _____

Employer _____ Combined Household Income _____

Patient Address _____ Veteran _____ Number in Household _____

City _____ State _____ County _____ Zip _____

Home# _____ Wk.# _____ Cell# _____

Email Address: _____

Illness _____

Crutches _____ Oxygen _____ Other _____ Wheelchairs **must be shipped** Transplant Y / N Hours _____

Reason for Visit _____

Origination _____ Destination _____

Appointment Date _____ Time _____ How Long at Appt _____

Departure Date & Time _____ Return Date & Time _____

Ground transportation @ destination & phone # _____

Lodging @ destination & phone # _____

1st Passenger Name _____ Relationship to Patient _____

1st Passenger Address _____ Veteran _____

City _____ State _____ County _____ Zip _____

Gender _____ Race _____ Weight _____ Height _____ Date of Birth _____ Age _____

2nd Passenger Name _____ Relationship to Patient _____

2nd Passenger Address _____ Veteran _____

City _____ State _____ County _____ Zip _____

Gender _____ Race _____ Weight _____ Height _____ Date of Birth _____ Age _____

Baggage Weight _____ (in soft bag, 5lb per person per day) Total Posted Weight _____

Doctor You have Seen _____ Attn: _____

Facility Name _____

Address: _____ City, State & Zip: _____

Phone # _____ FAX# _____

Doctor at Destination _____ Attn: _____

Facility Name _____

Address: _____ City, State & Zip: _____

Phone # _____ FAX# _____