

# QUESTIONNAIRE



Desired length of stay: ..... nights

Desired date of departure: ...../...../.....

Extra information:

.....  
.....

## IDENTITY

Surname: .....

Name: .....

Date of birth: ...../...../..... Tel: ..... Mobile: .....

Email address: .....

## Address:

Street: ..... Nr: ..... Bus: .....

Postcode: ..... City: .....

## Contact person in Belgium:

Surname: ..... Name: .....

Tel. Contact person: ..... Mobile: .....

## Family doctor:

Surname: ..... Tel doctor: .....

## Weight category:

Less than 70 kg     Between 70 kg and 90 kg     More than 90 kg, namely .....kg.

Height : .....cm



Character/denomination of the pathology:

.....  
.....  
.....

What type of medication do you take?

.....  
.....  
.....

Do you need specific treatments?

.....  
.....  
.....

#### WHEELCHAIR

Type of wheelchair

- Traditional       Flexible wheelchair       Non flexible wheelchair  
 Electric wheelchair  
 Scooter

Measures wheelchair: Height.....cm

Width.....cm

Depth .....cm

Please add a picture of the wheelchair if possible.

What do we need to know more in order for us to serve you as well as possible?

.....  
.....  
.....