

Mackenzie Holidays
1-877-473-2726
Fax: 1-585-624-5126

4 Livingston St.
Honeoye Falls, NY 14472
Email: info@mackenzieholidays.com

✓ Pulmonary Cruise Client Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Emergency Contact Name: _____ Telephone: _____

Physician's Name: _____

Physician's Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Please describe your lung problem: _____

Other health problems: _____

Date of last illness due to breathing problem: _____

Have you needed antibiotics, prednisone, steroids or hospitalization in the 12 months? If so, please list: _____

Do you have allergies? Please list: _____

Do you have dietary restrictions or special dietary needs? _____

Please list our current medications including over the counter vitamins, herbs, etc:

Name of Medication

Dosage

Frequency

Name of Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If additional space is needed for any answer, please attach another sheet to this)

Do you use oxygen at home? _____

If you answered "Yes", please complete the following:

Liters per minute: _____ Hours used per day: _____

Type of Equipment used: _____

Please provide the following information on the company that supplies your equipment:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____ ACCOUNT NUMBER: _____

Describe any other respiratory equipment you use at home, other than oxygen:

Please rate your shortness of breath during the following activities by marking an 'X' on the line where you rate your breathing between 'no shortness of breath' and 'extreme shortness of breath':

WALKING-----Extreme shortness
No shortness of breath of breath

BATHING/DRESSING-----Extreme shortness
No shortness of breath of breath

CARRYING ITEMS -----Extreme shortness
No shortness of breath of breath

EXPOSURE TO HEAT/HUMIDITY-----Extreme shortness
No shortness of breath of breath

Please describe any concerns you have about joining our cruise: Disclaimer:
Mackenzie Holidays, Pam Mackenzie and all other involved staff are not responsible for injuries or damages resulting from trip coordination, general care, or assistance.

SIGNATURE: _____ DATE: _____

Return to Mackenzie Holidays, 4 Livingston St., Honeoye Falls, NY 14472.