



INTAKE FORM

DATE _____

TIME OF APPOINTMENT _____

CLIENT ID # _____

FULL NAME: _____

AGE: _____ PHONE NUMBER _____

HOME ADDRESS: _____

PICK UP ADDRESS: _____

DROP OFF ADDRESS: _____

Round Trip

One way Trip

SERVICES NEEDS

- Transportation
- Delivery Services
- Medical Courier Services
- Errand Assistance
- Appointment Transport
- Other (please describe)

Are there any medical or safety consideration we should be aware of?

Payment Information

- Apple Pay / Zelle
- Cash
- Other

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

POLICIES & CONSENT

By signing below, you acknowledge the following

-Information provided is accurate.

-B-REDD-EE Services is not responsible for incidents caused by undisclosed medical conditions or client related risks.

-You agree to B-REDD-EE Service terms, cancellation policy, and payment guidelines.

CLIENT SIGNATURE: _____

DATE: _____

B-REDD-EE REPRESENTATIVE: _____

DATE: _____