



# Get Up and Go<sub>2</sub> featuring SeaPuffers Cruises

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## Pulmonary Cruise Client Information

Name \_\_\_\_\_

Date of Sailing \_\_\_\_\_ Cruise Destination \_\_\_\_\_

Please describe your lung problem: \_\_\_\_\_

Do you use oxygen at home? \_\_\_\_\_ How long have you been on oxygen? \_\_\_\_\_

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

Liters per minute: \_\_\_\_\_ Hours used per day: \_\_\_\_\_

Type of Equipment used: \_\_\_\_\_

Company that supplies your oxygen:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Describe any other respiratory equipment you use at home, other than oxygen, as CPAP, BiPAP, Vest, Nebulizers

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 of breath  
No shortness of breath

BATHING/DRESSING \_\_\_\_\_ Extreme shortness of breath  
No shortness of breath

CARRYING ITEMS \_\_\_\_\_ Extreme shortness of breath  
No shortness of breath

EXPOSURE TO HEAT/HUMIDITY \_\_\_\_\_ Extreme shortness of breath  
No shortness of breath

Do you participate in a Better Breathers Support group? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you participate in a rehab/exercise program? Yes \_\_\_\_\_ No \_\_\_\_\_

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
_____		
_____		
_____		
_____		
_____		
_____		
_____		

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

Please describe any concerns you have about joining our cruise:  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return to Get Up and Go2, PO Box 895, Ormond Beach, FL 32175**

Disclaimer:  
Get Up and Go2, Sea Puffers Cruises and all involved staff are not responsible for injuries or damages resulting from trip coordination, general care, or assistance.