

## ESSENTIAL TRAVEL INFORMATION

Name:

Date of birth:

Home address:

Postcode:

National insurance number:

Driving licence number:

Health conditions and allergies:

Visas (if necessary):

Passport number:

Vaccination status:  
Covid-19:

EHIC/GHIC card number:

Travel insurance company:

Policy number:

Emergency numbers:

### MY TRAVEL PLANS

Airline, train, bus or boat company:

Date(s) and time(s) of travel:

Address(es) and dates of where I'm staying:

(1)

(2)

From:

To:

From:

To:

Who's travelling with me:

Relationship to me:

Where are they staying?

Phone:

Next of kin:

Phone:

Address:

Post code:

Email:



ROY CASTLE  
**LUNG CANCER**  
FOUNDATION

Summary of my lung cancer diagnosis (type, stage, date):

Doctors' letters attached? Yes / No

Recent and continuing treatment, and any relevant test results:

Doctors' letters attached? Yes / No

Most recent clinic letter? Yes / No

Medication, times and dosage:

Up-to-date print-out attached? Yes / No

#### Hospital consultant

Name:

Hospital:

Address:

Phone:

Email:

#### Lung Cancer Nurse Specialist

Name:

Hospital:

Address:

Phone:

Email:

#### General Practitioner

Name:

Address:

Phone:

Email:

#### Other medical professional

Name:

Address:

Phone:

Email:

