FREEDOM ROUTE TRAVEL

Veteran & Trauma-Informed Travel Planning Intake - Fillable PDF

Making the Impossible Possible™

Use this optional form to identify travel preferences, access needs, triggers, pacing, and supports that may help you feel prepared and in control. You never need to describe your service or trauma history. This is a travel-planning tool, not medical, mental-health, crisis, or emergency care.

1 - CONTACT INFORMATION

Traveler name

Preferred name

Best phone number

Email address

Preferred contact method

Branch of service (optional)

Emergency contact name

Emergency phone / relationship

2 - TRIP SNAPSHOT

Destination or trip idea

Departing from

Preferred dates / flexibility

Approximate trip length

Comfortable budget range

Number of travelers

Passport status, if applicable

Planning stage

3 - WHO IS TRAVELING?

- ☐ Solo traveler
- ☐ With spouse / partner
- ☐ Family vacation
- ☐ Veteran peer group
- ☐ With caregiver / support person
- ☐ Organization / retreat group

Travel companions, relationships, and group considerations

4 - OPTIONAL SUPPORT PROFILE

Check only what is useful for planning. A diagnosis, disability rating, or service history is not required.

- ☐ PTSD / trauma responses
- ☐ Military sexual trauma (MST)
- ☐ Traumatic brain injury (TBI)
- ☐ Anxiety / panic
- ☐ Hypervigilance
- ☐ Sleep disruption
- ☐ Flashbacks / dissociation
- ☐ Moral injury / grief
- ☐ Chronic pain
- ☐ Mobility access
- ☐ Hearing loss / tinnitus
- ☐ Vision access
- ☐ Medication storage / timing
- ☐ Service animal
- ☐ Prefer not to say

Travel-related impacts or supports you want Mary to consider

5 - CONTROL, PREDICTABILITY, AND PACING

- ☐ Detailed itinerary
- ☐ Flexible itinerary
- ☐ Advance notice of changes
- ☐ One main activity per day
- ☐ Slow mornings
- ☐ Scheduled decompression time
- ☐ Private transportation
- ☐ Clear exit options
- ☐ Avoid surprises

What helps you feel prepared and in control?

What has made travel difficult in the past?

6 - SUPPORT CONTACTS (OPTIONAL)

Trusted support person

Phone / relationship

VA / provider contact, if you choose

Phone

☐ If support is needed during planning, I give Mary permission to contact the person(s) listed above.

7 - TRIGGERS AND SENSORY PREFERENCES

- ☐ Loud sudden noises
- ☐ Fireworks / backfires
- ☐ Crowded spaces
- ☐ Confined spaces
- ☐ Sitting with back exposed
- ☐ Unpredictable environments
- ☐ Military imagery / uniforms
- ☐ Violent media or content
- ☐ Smoke / fuel smells
- ☐ Dark or low-visibility areas
- ☐ Confrontational behavior
- ☐ Unexpected touch
- ☐ Bright / flashing lights
- ☐ Extreme heat / cold
- ☐ Strong chemical smells

- ☐ Quiet waiting area
- ☐ Noise-canceling headphones
- ☐ Sunglasses
- ☐ Movement breaks
- ☐ Outdoor decompression
- ☐ Private space
- ☐ Predictable explanations
- ☐ Advance warnings
- ☐ Other sensory support

Specific triggers, warning signs, and helpful prevention steps

8 - COMMUNICATION AND INTERACTION

- ☐ Calm, low-key tone
- ☐ Direct and clear
- ☐ Friendly and conversational
- ☐ Minimal interaction
- ☐ Text / written communication
- ☐ Advance notice before entry
- ☐ Ask before offering help
- ☐ No discussion of military service
- ☐ Extra processing time

- ☐ Unexpected touch
- ☐ Loud greetings
- ☐ Sudden approaches
- ☐ Hovering / repeated check-ins
- ☐ News / current events
- ☐ Entering without knocking

Anything providers should do or avoid

9 - TRANSPORTATION AND AIRPORT NEEDS

- ☐ Airplane
- ☐ Car
- ☐ Train
- ☐ Cruise
- ☐ RV
- ☐ Other

- ☐ TSA Cares
- ☐ Pre-boarding
- ☐ Aisle seat / easy exit
- ☐ Window seat
- ☐ Quiet waiting area
- ☐ Wheelchair assistance
- ☐ Shorter layovers
- ☐ Longer connection time
- ☐ Movement breaks

- ☐ Security screening
- ☐ Crowds / confined spaces
- ☐ Loud announcements
- ☐ Long waits / delays
- ☐ Fear of flying
- ☐ Back exposed while seated
- ☐ Sitting too long
- ☐ Transfers
- ☐ Unexpected changes

Transportation concerns, equipment, or assistance details

10 - LODGING AND SLEEP

- ☐ Hotel
- ☐ Vacation rental
- ☐ Cabin / lodge
- ☐ Resort
- ☐ Cruise cabin
- ☐ Other

- ☐ View of entrance / exit
- ☐ Away from elevator
- ☐ Ground floor
- ☐ Near an exit
- ☐ Upper floor
- ☐ End of corridor
- ☐ Blackout curtains
- ☐ White noise / fan
- ☐ Fragrance-free request
- ☐ Medication refrigerator
- ☐ Kitchenette
- ☐ Private outdoor space

- ☐ Slow mornings
- ☐ Familiar pillow / bedding
- ☐ Weighted item
- ☐ Complete darkness
- ☐ Sensitive to sound
- ☐ Sensitive to bedding textures

Room placement, sleep, or lodging details

11 - FOOD AND DINING

- ☐ Food allergies
- ☐ Gluten-free
- ☐ Dairy-free
- ☐ Vegetarian
- ☐ Vegan
- ☐ Texture sensitivities
- ☐ Medication affects appetite
- ☐ Private / in-room dining
- ☐ Avoid crowded restaurants
- ☐ Consistent meal schedule
- ☐ Kitchen access
- ☐ Refrigerator needed

Food allergies and severity

Safe / preferred foods

Foods or dining environments to avoid

12 - ACTIVITIES AND PACE

- ☐ Nature / hiking
- ☐ Fishing / hunting
- ☐ Beaches / water
- ☐ Scenic drives
- ☐ History / memorials
- ☐ Wellness / relaxation
- ☐ Adventure activities
- ☐ Cultural / educational
- ☐ Quiet retreat

- ☐ Large crowds
- ☐ Loud nightlife
- ☐ Combat imagery
- ☐ Fireworks events
- ☐ Shooting ranges
- ☐ Rigid group tours

- ☐ Very slow and flexible
- ☐ Moderate pace
- ☐ Active schedule
- ☐ Daily nature time
- ☐ Scheduled downtime
- ☐ Quiet space always available

Activities, destinations, or environments you prefer

13 - SAFETY AND LOCAL RESOURCES

- ☐ Identify nearby VA facility
- ☐ Identify urgent care / hospital
- ☐ Identify veteran organizations
- ☐ Medication schedule is critical
- ☐ Service animal planning
- ☐ Mobility equipment planning

If a difficult moment occurs, what helps and who should be contacted?

14 - TRAVEL GOALS

- ☐ Rest and recovery
- ☐ Reconnect with family
- ☐ Freedom and independence
- ☐ Adventure
- ☐ Meaningful reflection
- ☐ Peer connection
- ☐ Build travel confidence
- ☐ New perspective
- ☐ Enjoy life and make memories

What would make this trip feel successful?

Top three must-haves for the trip

Top three things to avoid

Anything else Mary should know for planning

15 - PERMISSION AND NEXT STEPS

Please review before sharing this form. Do not email highly sensitive medical records or crisis information.

- ☐ I understand this information is used for travel planning and accommodation research, not diagnosis, treatment, crisis support, or emergency response.
- ☐ I give permission for Freedom Route Travel to share only the minimum necessary access preferences with travel suppliers when I approve the plan.
- ☐ I will verify accessibility, medical, safety, passport, entry, and insurance requirements before travel.

Traveler / authorized representative name

Date

FOR FREEDOM ROUTE TRAVEL USE

Recommended accommodations, supplier questions, and follow-up steps