

FIRSTCALL

Medical Notification Instructions

Personal Information:

Application Date: _____ Start Date: _____

Name: _____

Spouses Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ D.O.B: _____

Directions to home: _____

_____ Location of keys: _____

For Office Use Only	
<input type="checkbox"/> Waiver	<input type="checkbox"/> Private Pay
<input type="checkbox"/> Funded By: _____	
Last 4 digits of 800 #: _____	
Subscriber alarm #: _____	
Equipment type: <input type="checkbox"/> MSM <input type="checkbox"/> Linear	
Series #: _____	Serial #: _____

General Information:

Would you allow a forced entry into your home? Yes No

Is there a DNR (Doctors order Not to Resuscitate) form posted in the residence? Yes No

Is there an animal in the house? Yes No - If yes, describe _____

Additional comments: _____

Medical Information:

Current Medical History: _____

Do you have any known allergies? Yes No - If yes, please describe: _____

Please list all medications you are currently taking: _____

Please list the location of all medication bottles in this residence: _____

Physicians name: _____ Office Phone: _____

Emergency Responder Contacts: Please list emergency responder contacts in priority of call. Select responders that live near you. A minimum of three is requested, but more is better.

Name	Home Phone	Work Phone	Cell Phone	Keys to home?	Relationship
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ambulance	-		-	-	-
Police	-		-	-	-
Fire	-		-	-	-

I (the undersigned) agree that the information on this Client Profile sheet is accurate and the names supplied to act as responders have been notified of their responsibility.

Name (please print)

Signature

Date