



**New Client**       **Update Client**

**CENTRAL STATION: 1-800-339-5616**

*(Please type or print information clearly.)*

CLIENT INFORMATION				BILL TO:			
DATE:	CLIENT ID (4 or 5 Digits):			NAME:			
CLIENT NAME:				ADDRESS:			
STREET ADDRESS (No PO Boxes):				CITY:	STATE:	ZIP CODE:	PHONE NO.:
CITY:	STATE:	ZIP CODE:	CLIENT PHONE:				

**NOTES**

1. Installing Agency/Hospital:	5. Forced Entry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Installer's Name:	6. Animal in Dwelling:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Unit Serial Number: _____	7. Date of Birth _____		
4. Activity Monitoring:	<input type="checkbox"/> None <input type="checkbox"/> 24 Hours (At Doctor's Request or Justifiable Reason – Responders should have key.)		

COMMENTS (extra key location or other information):

NEAREST CROSS STREET, ADDITIONAL RURAL DIRECTIONS:

MAJOR MEDICAL HISTORY/CONDITIONS	LIFE LONG MEDICATIONS
ALLERGIES: <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> STROKE <input type="checkbox"/> DIABETIC <input type="checkbox"/> LUNG/RESPIRATORY <input type="checkbox"/> ASTHMATIC <input type="checkbox"/> SPEECH IMPAIRMENT <input type="checkbox"/> HEARING AID <input type="checkbox"/> DEMENTIA/CONFUSION/ALZHEIMERS <input type="checkbox"/> BLIND <input type="checkbox"/> WHEEL CHAIR <input type="checkbox"/> WALKER/CANE	<input type="checkbox"/> NITROGLYCERIN <input type="checkbox"/> INSULIN <input type="checkbox"/> INHALER <input type="checkbox"/> O <sub>2</sub> <input type="checkbox"/> BLOOD PRESSURE MEDS

**24-HOUR EMERGENCY INFORMATION**

	NAME	AFTER HOURS NUMBERS Direct Emergency Numbers (*Not 911, No Administration Numbers*)
Ambulance		( ) -
Police Dept.		( ) -
Fire Dept.		( ) -
Other		( ) -

**CONTACTS**

Minimum of 3 (Use additional sheet for cell #'s and/or comments.)

NAME	HOME PHONE	WORK PHONE	ADDITIONAL PHONE NUMBER	HAS KEY?	RELATIONSHIP
	( ) -	( ) -	( ) -		
	( ) -	( ) -	( ) -		
	( ) -	( ) -	( ) -		
	( ) -	( ) -	( ) -		
	( ) -	( ) -	( ) -		

**I, the undersigned, agree that the information on this Account Information sheet is accurate and the names supplied to act as responders have been notified of their responsibility.**

Signature of Subscriber:	Date:
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