**Lifeline Request Care Plan Intake Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Program Area |   | **Personal Help Button Type** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** |       | **First Name** |       |
| **Address 1**  |       |
| **Address 2** |        | **Entry Code** |       |
| **City** |       |
| **Province** | BC | **Postal Code** |       | **Country** | Canada |
| **Phone** |  -       -       | **Type Of Dwelling**  |  | **Phone Service Provider** |       |
|  |
| **Mailing Address** |       |
|  |
| **Contact** |       | **Phone** |  -       –      | Relationship |       |

**RESPONDERS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |       | Relation |  | Contact Type |  | Has Key [ ]   |
| **Phone** |   -       -       |  -       -       |  -       -       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |       | Relation |  | Contact Type |  | Has Key [ ]   |
| **Phone** |  -       -       |  -       -       |  -       -       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |       | Relation |  | Contact Type |  | Has Key [ ]   |
| **Phone** |  -       -       |  -       –       |  -       -       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |       | Relation |  | Contact Type |  | Has Key [ ]   |
| **Phone** |  -       -       |  -       -       |  -       -       |

**MEDICAL INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Doctor** | First Initial |       | Last Name |       | Phone |  -       -       |
| **Subscriber DOB** |       ,       |
| **Location Of Meds** |       |
| **Medical Conditions** |       |
| **Allergies** |       |

**OTHER INFORMATION**

|  |  |
| --- | --- |
| **Pets On Site** |       |
| **Hidden Key Location** |       |
| **Misc Notes** |       |

**PAYMENT INFORMATION (Office Use Only)**

|  |  |
| --- | --- |
| **Payment Type** |  |
| **Remarks** |  |

**SYSTEM INFORMATION (Office Use Only)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit#** |       | **Model** |  | **HCB Expiry** |       | **Timer** |  | **8 Pin** |  |
| **PHB Code** |       | **PHB Expiry** |  | **PHB Style** |  | **AA S/N** |       |
| **Install Date** |        ,  | **Install Time** |       | **Installer Name** |       |

**ACKNOWLEDGEMENT (Must be signed at the time of Installation)**

|  |
| --- |
| The Subscriber understands, agrees and acknowledges that: (a) the information provided on this Care Plan is accurate and complete as of the date indicated below; (b) this Care Plan forms an integral part of, and is subject to the terms of, the Subscriber Monitoring Agreement entered into between Subscriber and Program.**SUBSCRIBER SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |