**Lifeline Request Care Plan Intake Form**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Salutation** | |  | | **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** |  | | Contact Type |  | | Have Key  Consent |
| **Phone** | -       - | -       - | | | -       - | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | Contact Type |  | | Have Key  Consent |
| **Phone** | -       - | -       - | | | -       - | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | Contact Type |  | | Have Key  Consent |
| **Phone** | -       - | -       – | | | -       - | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | Contact Type |  | | Have Key  Consent |
| **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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |