

# WATERLOO FIRE & RESCUE LIFELINE APPLICATION FORM

LIFELINE UNIT # \_\_\_\_\_ DATE INSTALLED \_\_\_\_\_

NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_ DOB: \_\_\_\_\_

EMERGENCY PHONE #: FIRE: \_\_\_\_\_ EMS: \_\_\_\_\_ POLICE: \_\_\_\_\_

PRIMARY INSURANCE: \_\_\_\_\_

SECONDARY INSURANCE: \_\_\_\_\_

MEDICATION NAME:	DOSAGE	DAILY INTAKE	MEDICATION FOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL CONDITIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SURGERIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN FULL NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOSPITAL OF CHOICE: \_\_\_\_\_

# WATERLOO FIRE & RESCUE LIFELINE APPLICATION FORM

## EMERGENCY CONTACT INFORMATION:

### CONTACT #1

NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_

### CONTACT #2

NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_

### CONTACT #3

NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_

Would you like a key box installed? YES NO

OTHER IMPORTANT INFORMATION THAT WE NEED TO BE AWARE OF: \_\_\_\_\_

Upon installation please have subscriber or care giver sign that he/she has been instructed and understands how to use their new Phillips Lifeline Communicator & Personal Help Button.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

DATE RETURNED: \_\_\_\_\_ ALL EQUIPMENT RETURNED O YES O NO MISSING: \_\_\_\_\_