

LIFELINE APPLICATION



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Best in health care.

The information we ask is important as many people may be involved in your care. To ensure you get the best service possible please fill out the information and send back through email: lifeline@fraserhealth.ca, Fax: 604-953-4953, over phone: 604-953-4960 or regular mail.

PART I - CLIENT PERSONAL INFORMATION				Mr.	Mrs.	Ms.	Dr.
Legal First Name:		Middle:		Legal Last Name:			Preferred (Nickname) Name:
Apt/Unit#:	HOME ADDRESS:						
City:	Prov: BC	Postal Code:		Entry/Buzzer Code:			
Phone:(home)		(cell)		Date of Birth: Day / Month / Year:			
<i>If you're being discharged from a hospital, we want to ensure the installation of Lifeline happens as quickly as possible. We know that your needs are greater because you have just spent time in the hospital.</i>							
Is this install due to a discharge from hospital?		Yes	No	If yes, which hospital?			Discharge Date:
PART II - PERSONS WILLING TO HELP							
RESPONDERS: <i>Responders are important as these are the people who live very close to you (within a 0-7 minute drive of your home) and that you trust because they need a key to get in to make sure you're okay. They will also let emergency workers in if 911 is called. It is not mandatory that you give us 3 different people, but the more people you can give us increases the chance that one will be available to help you. We phone by the order you have provided until we get an answer.</i>							
1. First Name:		Last Name:			Relation(To the Subscriber): _____		
Home:		Cell:		Work/Other:		Has House Key? Yes No	
						How many Minutes away from subscriber? _____	
2. First Name:		Last Name:			Relation(To the Subscriber): _____		
Home:		Cell:		Work/Other:		Has House Key? Yes No	
						How many Minutes away from subscriber? _____	
3. First Name:		Last Name:			Relation(To the Subscriber): _____		
Home:		Cell:		Work/Other:		Has House Key? Yes No	
						How many Minutes away from subscriber? _____	

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Next of Kin/Emergency Contacts (these people DO NOT need to live close by) *Your Next of Kin can live anywhere – these are your close family members that need to know when you are requiring medical assistance. Next of Kin can also be a Responder if they live close by.*

1. NAME:	Relationship:
Phone#	Cell#
2. NAME:	Relationship:
Phone#	Cell#

Family Physician's Details: *It is important that Fraser Health has your most up to date information in the system to avoid any delays in service.*

Physician's Name:	Address:
Phone#	

Do You Have A Landline Phone: **No** **Yes** **If Yes,** **Telus** **or** **Shaw** **or** **Internet Phone**

PART III - CLIENT MEDICAL INFORMATION: *This information helps to ensure that you get the type of help you need as quickly as possible. If you require an ambulance, your medical information is provided to the ambulance driver when 911 is called so they understand your medical needs before they arrive to help you. Your Responders may arrive before the ambulance arrives and this information may also help them help you.*

<input type="checkbox"/> Atrial Fib <input type="checkbox"/> ALS <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Angina <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Cancer <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Dialysis <input type="checkbox"/> Emphysema <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hearing Impaired/H Aids <input type="checkbox"/> Heart Disease <input type="checkbox"/> Heart Valve Implant	<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Kidney <input type="checkbox"/> Limited Mobility <input type="checkbox"/> walker <input type="checkbox"/> cane <input type="checkbox"/> wheelchair <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Lupus <input type="checkbox"/> Macular degeneration <input type="checkbox"/> Muscular dystrophy <input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Osteoporosis <input type="checkbox"/> Pacemaker <input type="checkbox"/> Parkinson's <input type="checkbox"/> Pulmonary <input type="checkbox"/> Quadriplegic <input type="checkbox"/> Stroke (date) <input type="checkbox"/> Thyroid <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Eyeglasses Other	Drug Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Ampicillin <input type="checkbox"/> Aspirin <input type="checkbox"/> Codeine <input type="checkbox"/> Demerol <input type="checkbox"/> Erythromycin <input type="checkbox"/> Morphine	<input type="checkbox"/> Naproxen <input type="checkbox"/> Oxycocet <input type="checkbox"/> Penicillin <input type="checkbox"/> Tylenol <input type="checkbox"/> Sulfadruugs <input type="checkbox"/> Other (specify)
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Life Saving Medications <input type="checkbox"/> ASA <input type="checkbox"/> Blood pressure meds <input type="checkbox"/> Blood Thinners <input type="checkbox"/> Dialysis <input type="checkbox"/> Heart Medication <input type="checkbox"/> Insulin <input type="checkbox"/> Oxygen None Other:	Where are your medications? <i>We also ask where your medications are so the ambulance drivers can find it and if needed, get you to the hospital quickly.</i> <input type="checkbox"/> Kitchen <input type="checkbox"/> Refrigerator <input type="checkbox"/> Living room <input type="checkbox"/> Top of Microwave <input type="checkbox"/> Bedroom <input type="checkbox"/> Other: <input type="checkbox"/> Bathroom	Medications are kept on/ in the: <input type="checkbox"/> Cupboard <input type="checkbox"/> Counter <input type="checkbox"/> Table <input type="checkbox"/> Bench Detailed Location?
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Primary Spoken Language : English French Punjabi Hindi Cantonese Other (specify)

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PLEASE CHOOSE ONE OF THE FOLLOWING TYPE OF PHB (Personal Help Button)		
1. HomeSafe Standard If you need help, you MUST be able to press the button.	Wrist Band or Neck cord	Price: \$35 Per Month (with landline) \$50 (cell only)
2. HomeSafe AutoAlert It can automatically detect a hard fall, but it is recommended you press the button if you are able to. (Worn around the neck only).		Price: \$45 Per Month (with landline) \$60 (cell only)
3. On The Go Medical Alert: It combines Auto Alert fall detection and GPS technology to provide coverage in and outside of the home. (Worn around the neck only).		Price: \$70 Per Month
<p>*CANNOT USE ON THE GO MEDICAL ALERT IF YOU HAVE ANY HEART IMPLANTS SUCH AS PACEMAKER OR DEFIBRILLATOR. *On The Go is not a wandering device, it cannot be used to track subscriber's exact whereabouts on a cell phone or any other device.</p>		
PART IV – PAYMENT METHOD		
Pre-Authorized Payments from Bank Account	Pre-Authorized Payments from Credit Card	
<p>VAC - If you are a VAC(Veterans Affairs Canada) client, please contact your VAC representative to see if you qualify for coverage of their service. VAC REQUIRES A FAXED OR MAILED IN DOCTOR'S PRESCRIPTION FOR LIFELINE TO START THE AUTHORIZATION PROCESS. You have the option of requesting installation of the Lifeline service prior to confirming whether VAC will approve or not. If you are not approved by VAC, you will be responsible for the regular fees.</p>		
<p>I understand the equipment is property of Fraser Health. If damaged or not returned upon cancellation, a replacement cost will be incurred at the subscriber's expense. Read and acknowledged One time activation fee: \$40.00</p>		
<p>Optional 1 time \$20 Property loss coverage for Button: Yes(Button will be replaced at no cost) No(\$100 to replace HomeSafe & \$300 for OnTheGo)</p>		
<p>Pets Provide Lifeline staff and emergency worker awareness of pet(s) in the home. Pet(s) must be secured in a separate room during home visit.</p>		
Pets: No Yes If yes, specify type:	Pets Aggressive?	Indoor Outdoor
<p><i>If you smoke inside, we request you do not smoke 2 hours prior to a scheduled visit from Lifeline staff. A scheduled visit includes installation and service calls –for example, if the battery needs to be replaced or you have lost your personal help button.</i></p>		
Smoker: No Yes	If yes: inside outside only	
<p>911 Access Security Information. Information on hidden keys and lock boxes is for the emergency workers.</p>		
Location of hidden house key :	Lockbox Location:	Lockbox Code:

Who should we contact to confirm information and appointment for Lifeline Service: Name: _____ **Phone#** _____

ON THE GO LIFELINE APPLICATION



***ONLY FILL OUT, IF YOU ARE APPLYING FOR ON THE GO MEDICAL ALERT**

Physical Description The following information is required by Ambulance Driver to identify you in a Public Place or crowd in case of an emergency outside your home.	Height:	Weight:	Ethnicity:
	Hair Color:	Eye Color:	Race:

Frequently Visited Contacts: The following information will assist to quickly locate you in case of an emergency outside your home.			
1. First Name:	Last Name:	Location Name:	
Location Street Address:		Suite/Apt. No.:	Special Notes:
City:	Province:	Postal Code:	
2. First Name:	Last Name:		
Location Street Address:		Suite/Apt. No.:	Special Notes:
City:	Province:	Postal Code:	

Subscriber Vehicle Information: The following information is required to locate you in case of an emergency outside your home.		
Vehicle Color:	Vehicle Make/Model:	Vehicle License Plate: