

LIFELINE CAREPLAN



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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:	
<p><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></p>							
Is this install due to a discharge from hospital?		Yes		No		If yes, which hospital?	
						Discharge Date:	
PART II - PERSONS WILLING TO HELP							
<p>RESPONDERS: 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.</p>							
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? _____	

LIFELINE APPLICATION



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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>Please let us know where your medication(s) are kept.</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)

LIFELINE APPLICATION



<u>Please choose one type of service</u>		
1. HomeSafe Basic: The Homesafe basic personal help button provides in home coverage. The help button must be pressed if help is needed.	Wrist Band or Neck cord	Cost: \$35 Per Month (with landline) \$50 (cell only)
2. HomeSafe Automatic Fall Detection: Provides in-home coverage with an added layer of protection. If a fall is determined, the pendant will send a signal to the in-home communicator, which will initiate a call to the emergency response center. Only available as a pendant.		
The automatic fall detection does not detect 100% of falls.		Cost: \$45 Per Month (with landline) \$60 (cell only)
3. On the Go mobile system: It can combines automatic fall detection and GPS technology to provide coverage in and outside of the home. Only available to be worn as a pendant.		
Cost: \$70 Per Month		
*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 where abouts on a cell phone or any other device.		
PART IV – PAYMENT METHOD		
Pre-Authorized Payments from Bank Account	Pre-Authorized Payments from Credit Card	
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 VAC approval. If you are not approved by VAC then you will be responsible for the regular fees.		
The below optional property loss is not applicable to the On the Go mobile service. There is a \$300.00 replacement cost for the On the Go Mobile button if lost or if not returned to the Lifeline program after service has been terminated.		
		Read & acknowledged
One time activation fee: \$40.00		
Optional 1 time \$20 Property loss coverage for HomeSafe Button:	Yes (Button will be replaced at no cost)	No (\$100 replacement cost)
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.		
Pets:	No	Yes If yes, specify type:
		Pets Aggressive?
		Indoor
		Outdoor
<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>		
Smoker:	No	Yes
	If yes:	inside
		outside only
911 Access Security Information. Information on hidden keys and lock boxes is for the emergency workers.		
Location of hidden house key :	Lockbox Location:	Lockbox Code:

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