# Lifeline Care Plan Intake Form

| How You Found Us? | | Personal Help Button Type | |
|---|---|---|---|

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

**RESPONDERS: Must Live No More Than Five (5) to Ten (10) Minutes Away From the Subscriber**

| Name | | Relation | | Contact Type | | Has Key ☐ |
|---|---|---|---|---|---|---|
| Phone | H - – | C - – | | B - – | | |

| Name | | Relation | | Contact Type | | Has Key ☐ |
|---|---|---|---|---|---|---|
| Phone | H - – | C - – | | B - – | | |

| Name | | Relation | | Contact Type | | Has Key ☐ |
|---|---|---|---|---|---|---|
| Phone | H - – | C - – | | B - – | | |

**MEDICAL INFORMATION**

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

**SPECIAL NEEDS**

| ☐ Walker | ☐ Cane | ☐ Wheelchair | ☐ Hearing Aide | ☐ Eyeglasses |
|---|---|---|---|---|
| ☐ Other | ****ON THE GO IS NOT TO BE USED WITH IMPLANTED DEVICES**** | | | |

**OTHER INFORMATION**

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

**PAYMENT INFORMATION**

| Payment Type | |
|---|---|
| Remarks | |
| Installer Note | |

**SYSTEM INFORMATION**

| Unit# | | Model | | HCB Expiry | | Timer | Off | 8 Pin | No |
|---|---|---|---|---|---|---|---|---|---|
| PHB Code | | PHB Expiry | | PHB Style | | PHB S/N | | | |
| Install Date | , 2024 | Install Time | | Installer Name | | | | | |

**ACKNOWLEDGEMENT**

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:**