

### Lifeline Care Plan Intake Form

How You Found Us?		Personal Help Button Type	
Last Name	First Name	Language	Gender
Address 1		Address 2	
Address 2		Entry Code	City
Province	BC	Postal Code	Country
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 <input type="checkbox"/>
Phone	H - -	C - -	B - -
Name	Relation	Contact Type	Has Key <input type="checkbox"/>
Phone	H - -	C - -	B - -
Name	Relation	Contact Type	Has Key <input type="checkbox"/>
Phone	H - -	C - -	B - -

**MEDICAL INFORMATION**

Doctor	First Initial	Last Name	Phone
Subscriber DOB		Location Of Meds	
Medical Conditions		Allergies	

**SPECIAL NEEDS**

<input type="checkbox"/> Walker	<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Hearing Aide	<input type="checkbox"/> Eyeglasses
<input type="checkbox"/> Other				<b>**ON THE GO IS NOT TO BE USED WITH IMPLANTED DEVICES**</b>

**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:** \_\_\_\_\_

## ON THE GO INFORMATION

### PHYSICAL DESCRIPTION

Height		Weight		Ethnicity	
Hair Color		Eye Color		Race	

### FREQUENTLY VISITED CONTACT

First/Last Name					
Location Name					
Location Address					
City		Province	BC	Postal Code	
Phone					
Special Services Requests / Notes					

First/Last Name					
Location Name					
Location Address					
City		Province	BC	Postal Code	
Phone					
Special Services Requests / Notes					

First/Last Name					
Location Name					
Location Address					
City		Province	BC	Postal Code	
Phone					
Special Services Requests / Notes					

First/Last Name					
Location Name					
Location Address					
City		Province	BC	Postal Code	
Phone					
Special Services Requests / Notes					

### VEHICLE INFORMATION

Vehicle Colour		Vehicle License Plate	
Vehicle Make / Model		Vehicle Year	

Vehicle Colour		Vehicle License Plate	
Vehicle Make / Model		Vehicle Year	