Are You O.K.? Field Interview Form

Phone Number:	Date Enrolled:	Date of Birth:	Time to call: AM PM	Answering Machine: YES NO	ID Number/code:

Subscriber Name and Address:	**Doctor and Clergy:**
First Name Middle Name Last Name	Doctor's Name
Street Address	Doctor's Name
Building Name Apartment Number	Clergy's Name
City State Zip	Clergy's Name
In Case of Emergency Notify:	
First Name Middle Name Last Name	First Name Middle Name Last Name
Street Address	Street Address
City State Zip	City State Zip
Phone Number Cell/Other Phone Number	Phone Number Cell/Other Phone Number
Next of Kin:	
First Name Middle Name Last Name	First Name Middle Name Last Name
Street Address	Street Address
City State Zip	City State Zip
Phone Number Cell/Other Phone Number	Phone Number Cell/Other Phone Number
Key Holders:	
First Name Middle Name Last Name	First Name Middle Name Last Name
Street Address	Street Address
City State Zip	City State Zip
Phone Number Cell/Other Phone Number	Phone Number Cell/Other Phone Number

Keys on Premises? YES NO	Location:
Pets? YES NO	Type and Location:
Live Alone? YES NO	Co-residents:

MEDICAL HISTORY

Able to Walk? YES NO Location of Medical History:	List Physical Impairments:

Remarks