

### Lifeline Care Plan Intake Form

Program Area		Personal Help Button Type	
Last Name	First Name	Language	
Address 1			
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 <input type="checkbox"/>
Phone	H - - C - - B - -	Email	
Name	Relation	Contact Type	Has Key <input type="checkbox"/>
Phone	H - - C - - B - -	Email	
Name	Relation	Contact Type	Has Key <input type="checkbox"/>
Phone	H - - C - - B - -	Email	
Name	Relation	Contact Type	Has Key <input type="checkbox"/>
Phone	H - - C - - B - -	Email	

**MEDICAL INFORMATION**

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

**OTHER INFORMATION**

Pets On Site	
Hidden Key Location	
Misc Notes	

**PAYMENT INFORMATION (Office Use Only)**

Payment Type	
Remarks	
Installer Note	

**SYSTEM INFORMATION (Office Use Only)**

Unit#	Model	HCB Expiry	Timer	Off	8 Pin	No
PHB Code	PHB Expiry	PHB Style	PHB S/N			
Install Date	, 2017	Install Time	Installer Name			

**ACKNOWLEDGEMENT (Must be signed at the time of Installation)**

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

**TO BE FILLED OUT ONLY IF CHOOSING THE GoSAFE MOBILE HELP BUTTON**

**PHYSICAL DESCRIPTION**

Height		Weight		Ethnicity	
Hair Color		Eye Color		Race	

**SPECIAL NEEDS**

<input type="checkbox"/> Walker	<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Eyeglasses
<input type="checkbox"/> Other	<b>*MOBILE PHB IS NOT TO BE USED WITH IMPLANTED DEVICES*</b>			

**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	