



Life Connections
516 Cherry ST SE
Grand Rapids, MI 49503

The **Subscriber Data Information Form** can be filled out by the client or someone assisting the client and returned to the Life Connections Team by

Fax to 616-771-9767

Mail to Life Connections, 516 Cherry St SE, Grand Rapids, MI 49503

Email to LifeConnections @ GerontologyNetwork.org

Please call 616-771-9755 with any questions or concerns.

The Life Connections Team

LIFE CONNECTIONS- SUBSCRIBER DATA INFORMATION FORM

Name _____

Address _____ Apt# _____

City _____ Zip _____

Phone (____) _____

Cross Streets or Complex Name _____

Social Security # _____

DATE OF BIRTH ____/____/____

PARTY RESPONSIBLE FOR PAYMENT

Name _____

Address _____

City/State/Zip _____

Phone (____) _____

Relationship _____

HEALTH PROBLEMS/DISABILITIES _____

ALLERGIES _____

HOSPITAL PREFERENCE: _____

AMBULANCE-PREFERENCE: _____

PRIMARY CARE PHYSICIAN

Name _____

Address _____

CITY/ST/ZIP/ _____

PHONE (____) _____

PLEASE INDICATE TYPE OF TELEPHONE SERVICE

TOUCHTONE:

ROTARY:

CABLE:

INTERNET:

RESPONDER INFORMATION - RESPONDERS ARE FRIENDS, NEIGHBORS OR RELATIVES WHO HAVE AGREED TO BE CALLED IN CASE OF AN EMERGENCY. THEY MUST HAVE A KEY TO GET INTO YOUR HOME WHEN THEY ARE CALLED.

RESPONDER 1

Name _____

Address _____

CITY/ST/ZIP _____

HOME () _____ WORK () _____

CELL () _____

RELATIONSHIP _____ KEY? ____Yes ____No

RESPONDER 2

Name _____

Address _____

CITY/ST/ZIP _____

HOME () _____ WORK () _____

CELL () _____

RELATIONSHIP _____ KEY? ____Yes ____No

LIST ADDITIONAL RESPONDERS ON BACK →

NEXT OF KIN

Name _____

Address _____

CITY/ST/ZIP _____

HOME () _____ WORK () _____

CELL () _____

RELATIONSHIP _____ KEY? ____Yes ____No

Please indicate your equipment choice:	
Standard Button	<input type="checkbox"/>
Auto Alert Button	<input type="checkbox"/> (necklace only)
Cordless Phone	<input type="checkbox"/>
NECKLACE	<input type="checkbox"/> WRISTBAND <input type="checkbox"/>
Medication Dispenser	<input type="checkbox"/> (MUST HAVE TOUCHTONE)