

LIFELINE SUBSCRIBER INFORMATION SHEET
ST VINCENT HOSPITAL
PO BOX 13508
Green Bay WI 54307-3508
Phone (920) 433-8550 Fax (920) 884-5316
www.stvincenthospital.org

Date _____

Type of Unit: Landline _____ Wireless _____
Type of Button: Personal Help Button (PHB) _____ Auto Alert Button (AAB) _____ Mobile Help Button (MHB) _____

Please **PRINT** the following information and return this form to the LIFELINE office.

Name _____ Age _____ Date of Birth _____

Address _____ City / Zip _____ Phone () _____

Physician's Name _____ Phone () _____
(FIRST/LAST)

Hospital Preference _____ Phone () _____

Which county do you live in? _____

Which township / village / municipality, etc. do you live in: ALLOUEZ, ASHWAUBENON, BELLEVUE, CHASE, HOWARD, HOBART, LEDGEVIEW, SOBIESKI, ETC.? _____

Do you have a household key hidden / Where? _____

Drug Allergies _____

Briefly explain any medical problems – diabetic, arthritis, heart problems, stroke, etc.

Do you have a Pacemaker or Defibrillator? _____ If yes we cannot install the **Mobile Help Button

RESPONDERS:

Who do you (the subscriber) want to check on you in case you need assistance?
Consider family, neighbors or friends who live **NO MORE THAN 10 TO 15 MINUTES FROM YOU. THEY MUST HAVE A KEY TO YOUR HOME.**

1. Name _____ Home Phone () _____

Address _____ Cell Phone () _____

City/Zip _____ Work Phone () _____

Relationship _____ Key: Yes No

2. Name _____ Home Phone () _____

Address _____ Cell Phone () _____

City/Zip _____ Work Phone () _____

Relationship _____ Key: Yes No

3. Name _____ Home Phone () _____
Address _____ Cell Phone () _____
City/Zip _____ Work Phone () _____
Relationship _____ Key: Yes No

NOTIFY: Who would you (the subscriber) like to be notified that you received assistance from Lifeline? This can be the Responders previously listed, or anyone living in the United States. They would also be notified if you are transported to the hospital.

Name _____ Home Phone () _____
Address _____ Cell Phone () _____
City/State/Zip _____ Work Phone () _____
Relationship _____

TELEPHONE & ELECTRICAL INFORMATION

1. How many of the following types of phones do you have?
_____ Desk Phone _____ Wall Phone _____ Cordless Phone
2. Name of your phone company _____
3. How close is the nearest electrical outlet to your telephone jack? _____
4. Is the above electrical outlet controlled by a wall switch or do you use an electrical bar or extension cord on it? _____
5. Do you have a computer that you use for "on-line" purposes? Yes No

OTHER INFORMATION

1. This form was completed by: _____
2. Person to contact to set up installation appointment:
Name _____ Phone () _____
Would you like someone else there for the install? _____
3. Who is responsible for monthly payment? _____
4. Signature of Guarantor: _____
This is required if someone other than subscriber will be paying
4. Do you have Power of Attorney or Agent? Yes No If Yes, please complete below
Name _____ Address _____
City / State / Zip _____ Relationship _____