



MEDICAL NOTIFICATION INSTRUCTIONS (for Website orders)

Your Name =			Spouse's Name =		
Style of Your Home =			Color of Home =		
Address =			Complex Name =		
City =	State =	Zip =	County =	Your Birth Date =	
Your Phone Number =			Do you have to dial "9" before making a call? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type?	Name?	Aggressive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Directions to home, if rural area, and/or comments:					

Do you have a Living Will <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Living Will =
Do you have a hidden key that emergency services may use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is it's location?	
Do you wish to purchase a lockbox (\$39.50 + tax) in which to store a key to your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please enter a 3 or 4 digit number as the code to your lockbox (use each number only once) =	

Location of your Medications:	
Your Basic Medical History:	
Allergies:	
Your Physician's Name:	Physician's Phone Number:
Preferred Hospital:	Hospital Phone Number:

RESPONDER CONTACTS (*List names in the order in which they are to be called by our Monitoring Center*)

	Name	Home Phone	Cell Phone	Work Phone	Key?	Relationship
1						
2						
3						
4						

I (the undersigned) agree that the information on this Notification Instruction Sheet is accurate and the people listed to act as responders have been notified of their responsibility.

Your Signature :	Date :
------------------	--------

Return this completed form by:

Mail to: Home Support Services, LLC • P.O. Box 1899 • Windham, ME 04062
Email to: www.helplinemedicalalarms.com
Fax to: (207) 892-1452