

DIRECTIONS TO HOME:



Internal Use Only

Date: _____
 # of People in Home: _____
 Unit Location: _____
 Unit#: _____ Fee: _____
 PP FF MW SUBCODE _____

**NCCS LifeLink Program
 Intake/Interview Worksheet**

Name: _____
 Address: _____
 City: _____
 Birth date: _____

Date: _____
 Phone: _____
 Zip Code: _____
 SS#: _____

Hospital Preference: _____
 Physician: _____
 Address: _____

Phone: _____

Medical History, Allergies, Disabilities:

Next of Kin:

Name: _____ Phone: _____
 Address: _____ City: _____ Zip: _____

Responders (All must have a key)

Name #1: _____
 Address: _____
 Phone _____ Work#: _____
 Relationship: _____
 Time/Distance to Subscribers Home: _____

Name #2: _____
 Address: _____
 Phone _____ Work#: _____
 Relationship: _____
 Time/Distance to Subscribers Home: _____

Name #3: _____
 Address: _____
 Phone _____ Work#: _____
 Relationship: _____
 Time/Distance to Subscribers Home: _____

Name #4: _____
 Address: _____
 Phone _____ Work#: _____
 Relationship: _____
 Time/Distance to Subscribers Home: _____

PHB Attachment: Pendant Wristband

Who will be the responsible party?

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Pre-Installation Data: (circle your answer)

Do you have a private phone line: Y N
(LifeLink won't work with a party line)

How many phone jacks in the home: _____

Do you have a home security system: Y N

Is there a standard electrical outlet within Y N
4 feet of phone and tentative location of unit?

Is the outlet available (empty)? Y N

Suggested Wellness Check Setting: 12 Hr. 24 Hr. Off

How is subscriber's hearing? Poor Fair Good Excellent

How is subscriber's vision? Poor Fair Good Excellent

Mobility: Independent Independent w/ assistive devices not able to ambulate w/out help

Orientation to person/place/time:

How did you hear about LifeLink:

Name of Pet/Kind:

The following items are optional. We use them for statistical data only.

Sex: Male Female Are you a Veteran? Yes No

Race: _____