

Fort HealthCare CareLine

FOR HEALTH

APPLICATION

Please complete the following information and return (print clearly):

1. Name _____ Date of birth _____
Address _____ House [] Apartment [] Mobile Home []
City _____ Zip _____
Phone Number (s) Landline: _____ Cell: _____

Billing Name (if different from subscriber): _____ Relation _____
Billing Address: _____
Billing Phone (s): _____

2. Primary physician _____ Phone _____
Address _____

3. Hospital preference _____

4. Person to notify in case of emergency or closest relative:
Name _____ Phone (s) _____
Address _____ Relation _____

5. Do you use a wheelchair [] walker [] hearing aid [] glasses [] cane [] pacemaker []

6. List any allergies you may have (medications, hay fever, etc.) _____

7. List all medical problems and disabilities: _____

8. Can you use the phone without assistance? _____

9. Do you have a landline? _____ Cell only? _____

10. Who is your phone provider? _____

11. Do you have any electrical outlets that are controlled by wall switches? _____

12. Which type of unit are you interested in: Standard _____ Cellular _____ Mobile Care GPS _____

13. If you have frequent falls, blackouts, seizures, etc., a fall detector would be recommended.
Do you have any of these conditions that you might need a fall detector? Yes _____ No _____

14. What pets do you own? _____

15. How did you learn about Fort Care Line? _____

Fort HealthCare CareLine
611 Sherman Avenue East, Fort Atkinson, WI 53538
1-800-421-4677 ext 5275 or 920-568-5275

RESPONDERS:

Please list people willing to check on you when medical assistance is needed. Consider Family or neighbors who live within a reasonable distance from your home. **Preferably within 5 minutes.**

1. Name _____ Home Phone _____
Address _____ Office Phone _____
_____ Cell Phone _____
Relationship _____ Permission & Key given? _____

2. Name _____ Home Phone _____
Address _____ Office Phone _____
_____ Cell Phone _____
Relationship _____ Permission & Key given? _____

3. Name _____ Home Phone _____
Address _____ Office Phone _____
_____ Cell Phone _____
Relationship _____ Permission & Key given? _____

4. Name _____ Home Phone _____
Address _____ Office Phone _____
_____ Cell Phone _____
Relationship _____ Permission & Key given? _____