



CareLine Subscriber Application / (920) 568-5275

Name:	Date of birth:
Address:	
City, ZIP	
Cell phone:	Landline:
Billing name (if different from subscriber):	Relation:
Billing address:	Billing phone:
Primary physician:	Phone:
Address:	
Hospital preference:	Phone:
Emergency contact:	Relation:
Address:	Phone:
Do you use a wheelchair [], walker [], cane [], hearing aid [], glasses [], or pacemaker []?	
List any allergies you have (medications, food, hay fever, etc.):	
List all medical issues or disabilities:	
Do you have any electrical outlets controlled by wall switches?	
Who is your phone provider?	
Preferred CareLine unit: standard landline [], standard cellular [], or mobile GPS: neck [] wrist []	
If you have frequent falls, blackouts, seizures, etc., a fall detector is recommended. Do you have any of these conditions? Yes [] No []	
What pets do you own?	

Responders: Please list up to four people who can be contacted when you need medical assistance. Consider family members or neighbors who live within a reasonable distance (preferably within 5 minutes) from your home.

Name:	Phone:
Address:	Alternate phone:
Relationship:	Key/Permission to enter given?

Name:	Phone:
Address:	Alternate phone:
Relationship:	Key/Permission to enter given?

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Address:	Alternate phone:
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Return completed application to:
Fort HealthCare, Volunteer Services
611 Sherman Avenue East
Fort Atkinson, WI 53538