

LifeFone Emergency Care Plan Form

Fax this form to: 1-800-747-2032

This form will help ensure that LifeFone Emergency Care Specialists have complete and accurate information for Emergency Response. Please send to LifeFone: by fax to: 1-800-747-2032, or mail to LifeFone, 16 Yellowstone Ave., White Plains, NY 10607, or scan and email it to info@lifefone.com, or fill it out online at: http://www.lifefone.com/new_subscriber.php Call LifeFone with any questions, 1-800-882-2280.

1. SUBSCRIBER INFORMATION

First Name: _____

Last Name: _____

Street Address: _____

City: _____, State: _____ Zip: _____

Nearest Cross Street: _____

County/Township: _____

Mailing Address if Different: _____

Email Address: _____

Home Phone: (____) _____

Phone #2: Days Eve. Cell (____) _____

Date of Birth: _____

Gender: Male Female

Is the Subscriber Ambulatory? (Check all that apply)

Yes No Walker Cane Wheelchair Scooter

List Medical Conditions/Physical Limitations: _____

List Medications: _____

List Known Allergies: _____

Preferred Hospital Name: _____

Hospital City and State: _____

Primary Care Physician Name: _____

Physician Address: _____

Physician Phone Number: _____

Special Instructions including Hidden Key Location or Lockbox Code: (Note: This may help prevent Emergency Services from breaking a door to reach you.) _____

Print Name of Person Who Completed This Form: _____

Subscriber's Signature: _____

2. RESPONDER INFORMATION

In an Emergency, LifeFone will summon any required Emergency or Medical Professionals (Ambulance, Police, etc.). Please list (in priority order) up to five other people LifeFone should attempt to contact in case of a signal for help. If an individual lives nearby, and has a key, it may help prevent Emergency Services from breaking your door to reach you.

First and Last Name: _____

Relationship to Subscriber: _____ Has Key? Yes No

Daytime Phone (____) _____

Evening Phone (____) _____

Cell Phone (____) _____

First and Last Name: _____

Relationship to Subscriber: _____ Has Key? Yes No

Daytime Phone (____) _____

Evening Phone (____) _____

Cell Phone (____) _____

First and Last Name: _____

Relationship to Subscriber: _____ Has Key? Yes No

Daytime Phone (____) _____

Evening Phone (____) _____

Cell Phone (____) _____

First and Last Name: _____

Relationship to Subscriber: _____ Has Key? Yes No

Daytime Phone (____) _____

Evening Phone (____) _____

Cell Phone (____) _____

First and Last Name: _____

Relationship to Subscriber: _____ Has Key? Yes No

Daytime Phone (____) _____

Evening Phone (____) _____

Cell Phone (____) _____