



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? Yes No			
Do you have a pet? Yes No		Type?	Name?		Aggressive? Yes No		
Directions to home, if rural area, and/or comments:							

Do you have a Living Will Yes No		Location of Living Will =					
Do you have a hidden key that emergency services may use? Yes 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? Yes 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:
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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