

Application for the WMC Lifeline Service

Winchester Medical Center- 1840 Amherst St Winchester, VA 22601 Attn: Lifeline

**Please Print: (items in BOLD ITALICS must be answered)**

***First Name:***\_\_\_\_\_ ***MI*** \_\_\_\_\_ ***Last Name***\_\_\_\_\_

***Street Address***\_\_\_\_\_

***Mailing Address (if different)***\_\_\_\_\_

***City***\_\_\_\_\_ ***State***\_\_\_\_\_ ***Zip Code***\_\_\_\_\_

***Date of Birth***\_\_\_\_\_

***Home Phone: ( )***\_\_\_\_\_ ***Cell Phone ( )***\_\_\_\_\_

***Do you have "landline" (copper wire or Xfinity/Comcast) phone service? (circle) YES NO***

***Select a system - HomeSafe Manual or HomeSafe Auto-Alert or On-The-Go (pendant) or On-the-Go-Mini (wrist) or SmartWatch(Automatic Fall Detecting) (circle one)***

On-The-GO PENDANT is NOT available to clients with IMPLANTED CARDIAC devices. Consider On-the-Go Mini WRIST or SmartWatch.

Does someone lives with you? : Name\_\_\_\_\_Relationship\_\_\_\_\_

Cell Phone ( )\_\_\_\_\_Work phone ( )\_\_\_\_\_

***LIST MEDICAL ISSUES/DISABILITIES/CONDITIONS/ALLERGIES:*** (eg: Advanced Care Directive, Cane; **Pacemaker**; Stroke, Recent Fracture, Back Problems, Oxygen, Diabetes, Heart Condition, Drug Allergy; Glasses, Hearing problems etc.) **Circle or list below.** Items EMS squad should know.

***Do you have a current list of Medications? Yes/No. Posted on Fridge for Rescue Squad? Yes/No***

***Pet/Type? \_\_\_\_\_ Firearms? (info to EMS)\_\_\_\_\_***

***My primary physician is:***

\_\_\_\_\_Phone\_\_\_\_\_

Do you have a Home Care Service? (Optional) (circle one) Yes No

Name\_\_\_\_\_Phone\_\_\_\_\_Fax number\_\_\_\_\_

***Do want them or your physician to receive a fax regarding help calls? (free) YES NO***

**PLEASE LIST UP TO THREE RAPID RESPONDERS:**

Responders are people you trust to enter your home and live nearby. They need to be willing to be contacted whenever needed, including the middle of the night, to come and assist you. If situation warrants, they can reactivate Help Call and get Rescue squad. Examples are: Friends, Family, Neighbors and/or Home Care Company "on-call" Nurse as you prefer. If your responders are NOT available Lifeline will call your local Rescue Squad to respond.

**First Responder:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
How many minutes away \_\_\_\_\_ Has a Key? (circle one) YES NO  
Telephone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

**Second Responder:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
How many minutes away \_\_\_\_\_ Has a Key? (circle one) YES NO  
Telephone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

**Third Responder:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
How many minutes away \_\_\_\_\_ Has a Key? (circle one) YES NO  
Telephone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Please list any family/friends you want "informed" who live too far away to be responders: (Optional)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

**LIFELINE RECOMMENDS HIDING A KEY or USING A LOCKBOX WITH A KEY TO ALLOW RESCUE SQUAD ENTRY. IF NOT PROVIDED, EMT WILL BREAK DOOR DOWN. Neither LIFELINE nor WMC will be responsible for repair costs.**

**I wish to purchase a lockbox at \$30 Yes / No**

**Location of hidden key or lockbox for rescue squad** \_\_\_\_\_

**Combination of lock box or access code to unlock door** \_\_\_\_\_

**"I agree and understand that this service is not guaranteed to protect me from all emergencies, but is an aid to summon help in case of an emergency. I agree to adhere to Lifeline policies and procedures. I understand that equipment is a rental and must be returned. I will be billed for equipment not returned."**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_