



# Intake Form

DATE

M	M	D	D	Y	Y	Y	Y
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CORPORATE ID #

CONSOLE #

PARTNER INFORMATION	
COMPANY NAME	
CONTACT NAME (FIRST/LAST)	
CONTACT PHONE #	

PERSON USING SYSTEM	
NAME (FIRST/LAST)	
ADDRESS 1	
ADDRESS 2	
CITY	STATE ZIP
CROSS STREET	
PHONE # ( )	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	YEAR OF BIRTH <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

SYSTEM INFORMATION	
<input type="checkbox"/> TRADITIONAL (LANDLINE) <input type="checkbox"/> CELLULAR (NO LANDLINE) <input type="checkbox"/> MOBILE GPS	

ACCESSORIES	
<input type="checkbox"/> LOCKBOX LOCKBOX CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> EXTRA HELP BUTTON <input type="checkbox"/> MOBILE EMERGENCY BUTTON <input type="checkbox"/> FALL DETECTION	
<input type="checkbox"/> BATHROOM/HALLWAY WALL HELP BUTTON (QTY. )	

**IMPORTANT** OUR STANDARD POLICY IS TO CALL EMERGENCY RESPONDERS FIRST, THEN THE NOTIFICATION LIST UNTIL SOMEONE IS REACHED. IF YOU WOULD LIKE EMERGENCY RESPONDERS TO BE CALLED **AFTER** THE NOTIFICATION LIST PLEASE CHECK HERE

SHIPPING ADDRESS <i>(If different from Person Using System)</i>	
NAME (FIRST/LAST)	
ADDRESS 1	
ADDRESS 2	
CITY	STATE ZIP

PAYMENT METHOD	
<input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	
CREDIT CARD # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
EXP. DATE <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	CVV CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> EFT (Electronic Fund Transfer) INFORMATION	
NAME (FIRST/LAST)	
ADDRESS	
CITY	STATE ZIP
PHONE # ( )	
BANK NAME	
BANK ACCOUNT #	
BANK ROUTING # (9 Characters at the bottom of check between symbols below)	
! : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ! :	

SETUP INFORMATION	
PREFERRED HOSPITAL	
HOSPITAL PHONE ( )	
HOUSEHOLD HIDDEN KEY LOCATION (if applicable)	
LOCKBOX LOCATION/LOCKBOX KEY DOOR COMBINATION (if applicable)	

**NOTIFICATION LIST** *(Only provide 2<sup>ND</sup> Phone Number if necessary)*

<b>1</b>	NAME (FIRST/LAST)	RELATIONSHIP	HAS KEY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CELL PHONE ( )	ALTERNATE PHONE ( )	
	EMAIL	NOTIFICATIONS <input type="checkbox"/> ALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> NONE	
<b>2</b>	NAME (FIRST/LAST)	RELATIONSHIP	HAS KEY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CELL PHONE ( )	ALTERNATE PHONE ( )	
	EMAIL	NOTIFICATIONS <input type="checkbox"/> ALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> NONE	

**Save time. Submit online:** [www.lifestation.com/partners/admin](http://www.lifestation.com/partners/admin)