



LIFELINE Subscriber/Telephone Information Form

SUBSCRIBER INFORMATION

Name:	D.O.B.	Age:	
Address:	City:	State:	Phone:
Physician:	(Phone #)	Hospital Preference:	
Police:	EMS:	Fire:	
Allergies:			
Briefly explain any medical condition, such as diabetes, arthritis, heart problems, difficulty in movement:			

RESPONDER INFORMATION

The subscriber must have three responders. A responder is a friend, neighbor or relative the subscriber has chosen to be called in case of an emergency. The responders should live nearby and have access to the subscriber's home.

1. Name _____	Home Phone _____
Address _____	Work Phone _____
Relationship (if any) _____	Key to Home ____ Yes ____ No
Minutes to Subscriber's residence _____	Cell Phone: _____
2. Name _____	Home Phone _____
Address _____	Work Phone _____
Relationship (if any) _____	Key to Home ____ Yes ____ No
Minutes to Subscriber's residence _____	Cell Phone: _____
3. Name _____	Home Phone _____
Address _____	Work Phone _____
Relationship (if any) _____	Key to Home ____ Yes ____ No
Minutes to Subscriber's residence _____	Cell Phone: _____

Additional Person(s) to notify in an emergency:

1. Name _____	Relationship _____
Home Phone _____	Work Phone _____

(Select One:)

\$30.00	Standard Lifeline	<input type="checkbox"/>	Wrist Strap	<input type="checkbox"/>	Neck Cord	<input type="checkbox"/>
\$35.00	Auto Alert Lifeline	<input type="checkbox"/>				
\$55.00	GO SAFE Lifeline					