

**PLEASE PRINT LEGIBLY**

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Caller and # \_\_\_\_\_

Referral and # \_\_\_\_\_

Invoice to: \_\_\_\_\_

Coupon Code \_\_\_\_\_

**Subscriber:** \_\_\_\_\_

DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ M/F

Address \_\_\_\_\_

City \_\_\_\_\_ Wichita \_\_\_\_\_ Zip \_\_\_\_\_

Phone# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Responders:**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Key?? Y/N

Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employer \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Key?? Y/N

Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employer \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Key?? Y/N

Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employer \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Unit#** \_\_\_\_\_ **Model** \_\_\_\_\_

Date of Install \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Installer: \_\_\_\_\_ Time \_\_\_\_\_

Family member at install? \_\_\_\_\_

(For office use only)

\*\*\*\*\*

**Medical Information**

Hard of hearing \_\_\_\_\_ Y/N

Medical concerns \_\_\_\_\_

\_\_\_\_\_

Drug Allergies \_\_\_\_\_

\_\_\_\_\_

Infectious Diseases? \_\_\_\_\_

Oxygen \_\_\_\_\_ Y/N Smoker \_\_\_\_\_ Y/N

Physician: \_\_\_\_\_ MD/DO

Office: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hospital: \_\_\_\_\_

Wesley Friends?? \_\_\_\_\_ Y/N

**Telephone/Utility Information:**

# of phones: \_\_\_\_\_

Phone service provider \_\_\_\_\_

Does Subscriber have a cell phone? (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Call cell # before Help is sent \_\_\_\_\_ Y/N

Does anyone else live at home? \_\_\_\_\_ Y/N

Electric service provider \_\_\_\_\_

**Notify or Responder #4**

4. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Key?? Y/N

Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employer \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_