



Subscriber Information Worksheet

Phone 265-1700 • Fax 682-0624

Date Received: _____ - _____ - _____

Referred by: _____

Invoice to: _____

Address: _____

Phone # _____

Subscriber: _____

DOB _____ - _____ - _____ M or F

Address: _____

Phone # _____

RESPONDERS:

1. Name _____

Address _____

City _____ State _____ Zip _____

Relationship _____ Key? Yes No

___ Home (___) _____ - _____

___ Work (___) _____ - _____

___ Other (___) _____ - _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Relationship _____ Key? Yes No

___ Home (___) _____ - _____

___ Work (___) _____ - _____

___ Other (___) _____ - _____

3. Name _____

Address _____

City _____ State _____ Zip _____

Relationship _____ Key? Yes No

___ Home (___) _____ - _____

___ Work (___) _____ - _____

___ Other (___) _____ - _____

Unit # _____ Model _____

Date of Install _____ - _____ - _____

Installer _____

Necklace Pendant or Bracelet

MEDICAL INFORMATION:

Hard of hearing? Yes No

Medical Concerns: _____

Infectious Diseases (e.g. Hepatitis)? _____

Allergies: _____

Physician: _____ MD/DO

Phone # (_____) _____ - _____

Fax # (_____) _____ - _____

Hospital Preference: _____

Phone # (_____) _____ - _____

TELEPHONE INFORMATION:

Total # of phones in the house: _____

Modular (Clips into wall): Yes No

Do you often forget to hang up phone? Yes No

Do you smoke? Yes No

Are you on oxygen? Yes No

4. Name _____

Address _____

City _____ State _____ Zip _____

Relationship _____ Key? Yes No

___ Home (___) _____ - _____

___ Work (___) _____ - _____

___ Other (___) _____ - _____

 **WICHITA LIFELINE** INC. **Subscriber Information Worksheet**
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