

# Patient Care Plan

PLEASE PRINT

Home Phone Number Used for Monitoring (        )  Voice Over IP (VOIP) Phone <input type="checkbox"/> No (98%) <input type="checkbox"/> Yes (Please call)	<b>PRIMARY Patient</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  _____ / _____ /19____ Last Name                      First Name                      M.I.                      Preferred First Name                      Date of Birth mm/dd/yy  LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Other: _____				
Residential Address / Apt # (No PO Box)	<b>PRIMARY Patient Medical Conditions</b>	<b>PRIMARY Patient Drug Allergies</b>			
Additional Directions to Home	<b>SECONDARY Patient</b> <input type="checkbox"/> NONE <input type="checkbox"/> Male <input type="checkbox"/> Female  _____ / _____ /19____ Last Name                      First Name                      M.I.                      Preferred First Name                      Date of Birth mm/dd/yy  LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Other: _____				
Hidden Key / Lockbox Information	<b>SECONDARY Patient Medical Conditions</b>	<b>SECONDARY Patient Drug Allergies</b>			
Total Number of Adults at Residence	Names of Other Adults NOT listed as Primary or Secondary above (if any):				
Primary Physician Name (First / Last)	Physician Phone Number (        )				
Key Points for Using the System:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> <li>• <b>How to install the system:</b> <ul style="list-style-type: none"> <li>○ Place unit in central part of house</li> <li>○ Plug into 120V power outlet</li> <li>○ Plug into phone jack</li> <li>○ Push the button on pendant to test</li> <li>○ Tell Care Specialist: "I am a new customer, can you give me an overview?"</li> </ul> </li> <li>• <b>About your system:</b> <ul style="list-style-type: none"> <li>○ System works 24x7</li> <li>○ 24 hour battery backup (if power loss)</li> <li>○ Does NOT work if phone off the hook</li> </ul> </li> </ul> </td> <td style="width: 33%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> <li>• <b>How to request help:</b> <ul style="list-style-type: none"> <li>○ Button on pendant</li> <li>○ "Emergency" button on Medical Alert device</li> <li>○ Non Emergency calls OKAY</li> </ul> </li> <li>• <b>Test the system</b> <ul style="list-style-type: none"> <li>○ Test the system weekly or more</li> <li>○ NO cost to test the system</li> <li>○ Accepts non-emergency calls (free)</li> <li>○ Tell Care Specialist "This call is a test"</li> </ul> </li> <li>• <b>Change Contact List OR medical information</b> <ul style="list-style-type: none"> <li>○ Press Emergency button</li> <li>○ Tell Care Specialist of change</li> <li>○ OR call (800) 574 – 9180</li> </ul> </li> </ul> </td> <td style="width: 33%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> <li>• <b>Paramedics / Emergency Responders called IF:</b> <ul style="list-style-type: none"> <li>○ Subscriber requests</li> <li>○ Contact List member requests</li> </ul> </li> <li>• <b>Action taken if NO voice response:</b> <ul style="list-style-type: none"> <li>○ Contact List called ASAP</li> <li>○ Paramedics called at request of contact list</li> <li>○ Paramedics may charge you for dispatch</li> </ul> </li> <li>• <b>If Paramedics called</b> <ul style="list-style-type: none"> <li>○ May break &amp; enter, depending on Paramedics policy</li> <li>○ Consider having hidden lock box with key</li> <li>○ Person with a key should be called to respond also</li> <li>○ Some Paramedics may charge a fee for responding</li> </ul> </li> </ul> </td> </tr> </table>			<ul style="list-style-type: none"> <li>• <b>How to install the system:</b> <ul style="list-style-type: none"> <li>○ Place unit in central part of house</li> <li>○ Plug into 120V power outlet</li> <li>○ Plug into phone jack</li> <li>○ Push the button on pendant to test</li> <li>○ Tell Care Specialist: "I am a new customer, can you give me an overview?"</li> </ul> </li> <li>• <b>About your system:</b> <ul style="list-style-type: none"> <li>○ System works 24x7</li> <li>○ 24 hour battery backup (if power loss)</li> <li>○ Does NOT work if phone off the hook</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>How to request help:</b> <ul style="list-style-type: none"> <li>○ Button on pendant</li> <li>○ "Emergency" button on Medical Alert device</li> <li>○ Non Emergency calls OKAY</li> </ul> </li> <li>• <b>Test the system</b> <ul style="list-style-type: none"> <li>○ Test the system weekly or more</li> <li>○ NO cost to test the system</li> <li>○ Accepts non-emergency calls (free)</li> <li>○ Tell Care Specialist "This call is a test"</li> </ul> </li> <li>• <b>Change Contact List OR medical information</b> <ul style="list-style-type: none"> <li>○ Press Emergency button</li> <li>○ Tell Care Specialist of change</li> <li>○ OR call (800) 574 – 9180</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Paramedics / Emergency Responders called IF:</b> <ul style="list-style-type: none"> <li>○ Subscriber requests</li> <li>○ Contact List member requests</li> </ul> </li> <li>• <b>Action taken if NO voice response:</b> <ul style="list-style-type: none"> <li>○ Contact List called ASAP</li> <li>○ Paramedics called at request of contact list</li> <li>○ Paramedics may charge you for dispatch</li> </ul> </li> <li>• <b>If Paramedics called</b> <ul style="list-style-type: none"> <li>○ May break &amp; enter, depending on Paramedics policy</li> <li>○ Consider having hidden lock box with key</li> <li>○ Person with a key should be called to respond also</li> <li>○ Some Paramedics may charge a fee for responding</li> </ul> </li> </ul>
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Time Zone of Residence <input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Mountain <input type="checkbox"/> Pacific	System Successfully Tested with Response Center (press emergency button) <input type="checkbox"/> Yes (required for service) <input type="checkbox"/> No (call 800 860 4230 for help)				

**COMPLETE, SIGN AND FAX BOTH PAGES TO: (800) 516 – 2295**  
 Form v20110724-D

# Patient Care Plan

**Who to Call First Preference**

In case help is needed, who do you want us to call first? If no contact is made with your Contact List, we will always call 911 / emergency personnel on your behalf. Please **CHECK ONLY ONE BOX** below:

- Call my Contact List first (DEFAULT IF NO BOX **OR** BOTH BOXES SELECTED); If no live contact is made with anyone on my Contact List below, call 911 / Emergency Personnel on my behalf.
- Always call 911 / Emergency Personnel first if help is needed; call my Must Notify contacts *after* Emergency Personnel are dispatched

RESPONDER CONTACT INFORMATION (in contact priority order):

\*\*\* Police, Fire & Ambulance will be automatically added as Emergency Responder

First / Last Name	Relation	Responder	Must Notify	Has-Key	Phone
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(____) _____ - _____ (____) _____ - _____
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(____) _____ - _____ (____) _____ - _____
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(____) _____ - _____ (____) _____ - _____
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(____) _____ - _____ (____) _____ - _____

“Responders” can be at the patient’s home quickly. “Must Notify” contacts will always be contacted. Contact attempts are made in the priority order shown above. **Call 800 860 4230 to change information.**

Special Instructions (if any):

Submitting document to Live At Home Monitoring verifies that I (a) have reviewed the Key Points for Using This System on this 2 page form, (b) have read the instructions included with the Medical Alert equipment, (c) have successfully tested the equipment using the pendant and “emergency” button on the device, (d) have verified the equipment is currently operating correctly, (e) do agree the information on both pages of this Patient Care Plan is correct to the best of my knowledge, and (f) do accept all charges and property damages, if any, incurred from Paramedics / Emergency Responders having to break & enter into residence during an emergency call

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# Patient Care Plan

## Additional Information / Instructions:

**\*\*\* You do NOT need to fax this page to Live at Home \*\*\***

1. If you do not have access to a fax machine, you may:
  - a. Scan this document in and e-mail to: [support@LiveAtHomeMonitoring.com](mailto:support@LiveAtHomeMonitoring.com)
  - b. Mail to:

Live at Home Monitoring  
Patient Care Plan Dept.  
1604 Daisy Lane, Suite 150  
Flower Mound, TX 75028

2. VOIP is a special type of phone service called Voice Over IP Phone. It works over the Internet and does NOT use a standard phone line. If you have VOIP service, you will need to have a special type of Medical Alert system, but it does cost a few dollars more per month. Vontage® is example of a VOIP service. If you have a standard phone service (called POTS) from the phone company, then you are fine.
3. If you can not print the second page of this in landscape mode (so it is easier to read), then do this:
  - a. View this document in Adobe Reader
  - b. With the mouse, select **FILE > PRINT** (but do not select okay)
  - c. Be sure the “Auto-Rotate and Center” checkbox is checked (see below)
  - d. Press the “OK” button to print your document

