DIRECTIONS TO HOME:	truenorth community services			
	Commanity Scrvices			
	Internal Use Only			
	Install Date:			
	# of People in Home: Unit Location: Unit#: Fee:			
TrueNorth	LifeLink Program			
	erview Worksheet			
Name:	Date:			
Address:				
City:	Zip Code:			
Birth date:				
Hospital Preference:	Phone:			
Physician:				
Address:				
Medical History, Allergies, Disabilities:				
Next of Kin:				
Name:	Phone:			
Address:	City: Zip:			
Responders (All must have a key)				
Name #1:	Name #2:			
Address:	Address:			
PhoneWork#:				
Relationship:				
Time/Distance to Subscribers Home:				
Cell#:	Cell#:			
Name #3:	Name #4:			
Address:	Address:			
PhoneWork#:	PhoneWork#:			
Relationship:				
Time/Distance to Subscribers Home:	Time/Distance to Subscribers Home:			
Cell#	C . 11.11.			

Pendant Attachment:	Pendant		Wristband		
Who will be the responsible party (pay	ing monthly inv	voice)?			
Name:	Phone:				
Address:		City: _		Zip:	
Pre-Installation Data: (circle your a	nswer)				
Do you have a private phone line: (LifeLink won't work with a party line	Y e)	N			
How many phone jacks in the home:					
Do you have a home security system:	Y	N			
Is there a standard electrical outlet wit 4 feet of phone and tentative location of		N			
Is the outlet available (empty)?	Y	N			
Suggested Wellness Check Setting:	12 Hr.	24 Hr.	Off		
How is subscriber's hearing?	Poor	Fair	Good	Excellent	
How is subscriber's vision?	Poor	Fair	Good	Excellent	
Mobility: Independent Independe	ent w/ assistive o	levices no	ot able to am	bulate w/out help	
Orientation to person/place/time:					
How did you hear about LifeLink:					
Name of Pet/Kind of Pet:					
The following items are optional. W Sex: Male Female	e use them for		ta only. Veteran?	Yes No	
Race:		<i>y</i>			