



LACREEK ELECTRIC ASSOCIATION, INC.

PO Box 220
 121 N Harold Street
 Martin SD 57551
 Phone: (605) 685-6581 or
 1-800-655-9324
 E-mail: lacreek@lacreek.com

**MEDICAL ALERT
 ACCOUNT INFORMATION**

(Please type or print information clearly.)

CLIENT INFORMATION				BILL TO:			
DATE:		CLIENT ID (4 Digits):		NAME:			
CLIENT NAME:				ADDRESS:			
STREET ADDRESS (No PO Boxes):				CITY:	STATE:	ZIP CODE:	PHONE NO.:
CITY:		STATE:	ZIP CODE:	CLIENT PHONE:			

NOTES

1. Installing Agency/Hospital:	5. Forced Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Installer's Name:	6. Animal in Dwelling: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Unit Serial Number: _____	7. Date of Birth _____
4. Activity Monitoring: <input type="checkbox"/> None <input type="checkbox"/> 24 Hours (At Doctor's Request or Justifiable Reason – Responders should have key.)	
8. COMMENTS (extra key location or other information):	
9. NEAREST CROSS STREET, ADDITIONAL RURAL DIRECTIONS:	

MAJOR MEDICAL HISTORY/CONDITIONS

LIFE LONG MEDICATIONS

ALLERGIES: <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> STROKE <input type="checkbox"/> DIABETIC <input type="checkbox"/> LUNG/RESPIRATORY <input type="checkbox"/> ASTHMATIC <input type="checkbox"/> SPEECH IMPAIRMENT <input type="checkbox"/> HEARING AID <input type="checkbox"/> DEMENTIA/CONFUSION/ALZHEIMERS <input type="checkbox"/> BLIND <input type="checkbox"/> WHEEL CHAIR <input type="checkbox"/> WALKER/CANE	<input type="checkbox"/> NITROGLYCERIN <input type="checkbox"/> INSULIN <input type="checkbox"/> INHALER <input type="checkbox"/> O ₂ <input type="checkbox"/> BLOOD PRESSURE MEDS
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24-HOUR EMERGENCY INFORMATION

	NAME	AFTER HOURS NUMBERS Direct Emergency Numbers (*Not 911, No Administration Numbers*)
Ambulance		() -
Police Dept.		() -
Fire Dept.		() -

CONTACTS

Minimum of 3 (Use additional sheet for cell #'s and/or comments.)

NAME	HOME PHONE	WORK PHONE	ADDITIONAL PHONE NUMBER	HAS KEY?	RELATIONSHIP
	() -	() -	() -		
	() -	() -	() -		
	() -	() -	() -		
	() -	() -	() -		
	() -	() -	() -		

I, the undersigned, agree that the information on this Account Information sheet is accurate and the names supplied to act as responders have been notified of their responsibility.

Signature of Subscriber:	Date:
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