



LACREEK ELECTRIC ASSOCIATION, INC.

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 121 N Harold Street
 Martin SD 57551
 Phone: (605) 685-6581 or
 1-800-655-9324
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**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

- Installing Agency/Hospital: _____
- Installer's Name: _____
- Unit Serial Number: _____
- Activity Monitoring: None 24 Hours (At Doctor's Request or Justifiable Reason – Responders should have key.)
- Forced Entry: Yes No
- Animal in Dwelling: Yes No
- Date of Birth: _____
- COMMENTS (extra key location or other information): _____
- 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

NITROGLYCERIN
 INSULIN
 INHALER
 O₂
 BLOOD PRESSURE MEDS

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: _____