

# LIFELINE APPLICATION



**fraserhealth** Better health. Best in health care.

## Understanding the Questions on the Application Form

The information we ask is important as many people may be involved in your care. Health care professionals, ambulance drivers, Lifeline installers, and your neighbours that may check in on you to see if you're fine – need information to ensure you get the best service possible – especially in an emergency situation. Please fill out the information below and fax the form to 604-519-8555. We do not recommend emailing form as we cannot guarantee privacy.

PART I - CLIENT PERSONAL INFORMATION			
(First)	<input type="checkbox"/> Mr. (Initial)	<input type="checkbox"/> Mrs. (Last)	<input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
			Preferred (Nickname) Name:
Address: Apt/Unit #: City:	House # & Street Prov: BC	Postal Code:	Entry/Buzzer Code:
Phone: (home)	(cell)		
<p><i>If you're being discharged from a hospital, we want to ensure the installation of Lifeline happens as quickly as possible. We know that your needs are greater because you have just spent time in the hospital.</i></p> <p>Is this install due to a discharge from hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which hospital?</p>			
PART II - PERSONS WILLING TO HELP			
<p><b>RESPONDERS:</b> Responders are important as these are the people who live very close to you (within a 5-7 minute drive of your home) and that you trust because they need a key to get in to make sure you're okay. They will also let emergency workers in if 911 is called. It is not mandatory that you give us 3 different people, but the more people you can give us increases the chance that one will be available to help you. We phone by the order you have provided until we get an answer.</p>			
1. First Name	Last Name		Family Member: _____
Home	Cell	Other	<input type="checkbox"/> Neighbour <input type="checkbox"/> Friend <input type="checkbox"/> other
			Is this person also a Next of Kin? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Has House Key: <input type="checkbox"/> Yes <input type="checkbox"/> No Minutes away:
2. First Name	Last Name		Family Member: _____
Home	Cell	Other	<input type="checkbox"/> Neighbour <input type="checkbox"/> Friend <input type="checkbox"/> other
			Is this person also a Next of Kin? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Has House Key: <input type="checkbox"/> Yes <input type="checkbox"/> No Minutes away:
3. First Name	Last Name		Family Member: _____
Home	Cell	Other	<input type="checkbox"/> Neighbour <input type="checkbox"/> Friend <input type="checkbox"/> other
			Is this person also a Next of Kin? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Has House Key: <input type="checkbox"/> Yes <input type="checkbox"/> No Minutes away:

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**Next of Kin/Emergency Contacts (these people DO NOT need to live close by)** *Your Next of Kin can live anywhere – these are your close family members that need to know when you are requiring medical assistance. Next of Kin can also be a Responder if they live close by.*

<b>1. Name:</b>	<b>Relationship:</b>	<b>Phone:</b>
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**Address:**

<b>2. Name:</b>	<b>Relationship:</b>	<b>Phone:</b>
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**Address:**

**PART III - CLIENT MEDICAL INFORMATION** *This information helps to ensure that you get the type of help you need as quickly as possible. If you require an ambulance, your medical information is provided to the ambulance drivers when 911 is called so they understand your medical needs before they arrive to help you. Your Responders may arrive before the ambulance arrives and this information may also help them help you.*

**BC Care/Service Card/Gold Card (PHN) #:** \_\_\_\_\_ **DOB (Please use dd/mm/yyyy format)** \_\_\_\_\_

<b>Physician Name:</b>	<b>Phone:</b>	<b>For Veterans ONLY: VAC (Veterans Affairs Canada)</b> Is the Approval Process Completed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, K # _____ Questions? Call Lifeline 604-517-8617
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How did you hear about Lifeline or how was it recommended to you?  Hospital staff  Home Health Staff  Family/Friends  
 Physician  Newspaper/Magazine  TV Ad  VAC  ICBC  Internet  Other, specify: \_\_\_\_\_

**Medical Conditions please check all that apply**

<input type="checkbox"/> Atrial Fib	<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Osteoporosis	<b>Drug Allergies:</b>	<input type="checkbox"/> Aspirin
<input type="checkbox"/> ALS	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Kidney	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Codeine
<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Dementia	<input type="checkbox"/> Limited Mobility	<input type="checkbox"/> Parkinson's	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Morphine
<input type="checkbox"/> Angina	<input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	<input type="checkbox"/> walker <input type="checkbox"/> cane	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Tylenol
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Dialysis	<input type="checkbox"/> wheelchair	<input type="checkbox"/> Quadriplegic	<input type="checkbox"/> Ampicillin	<input type="checkbox"/> Demerol
<input type="checkbox"/> Asthma	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Stroke	<input type="checkbox"/> Oxycocet	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> COPD	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Lupus	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Naproxen	
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hearing Impaired/H Aids	<input type="checkbox"/> Macular degeneration	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Penicillin	
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Muscular dystrophy	<b>Other:</b> _____	<input type="checkbox"/> Sulfa drugs	
<input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Heart Valve Implant	<input type="checkbox"/> Multiple Sclerosis			

<b>Life Saving Medications</b> <input type="checkbox"/> ASA <input type="checkbox"/> Blood pressure meds <input type="checkbox"/> Blood Thinners <input type="checkbox"/> Dialysis <input type="checkbox"/> Heart Medication <input type="checkbox"/> Insulin <input type="checkbox"/> Oxygen <input type="checkbox"/> Other: _____	<b>Where are your medications?</b> <i>We also ask where your medications are so the ambulance drivers can find it and if needed, get you to the hospital quickly.</i> <input type="checkbox"/> Kitchen <input type="checkbox"/> Refrigerator <input type="checkbox"/> Living room <input type="checkbox"/> Top of microwave <input type="checkbox"/> Bedroom <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bathroom	<b>Medications are kept on the:</b> <input type="checkbox"/> Cupboard <input type="checkbox"/> Counter <input type="checkbox"/> Table <input type="checkbox"/> Bench <input type="checkbox"/> where?
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**Primary Spoken Language:**  English  French  Punjabi  Hindi  Cantonese  TTY  Other (specify) \_\_\_\_\_

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**PHB (Personal Help Button)** We have two button options: 1) Regular button worn around your neck or on a wrist band. This button **MUST** be pressed if help is needed. 2) Auto Alert button worn around your neck only, and can automatically detect if you take a hard fall and you are not able to press your button. A signal will then be sent automatically to the 24 hour/7 days a week Call Centre. If you are prone to falls, this is a good button. All buttons are **waterproof** and **should be worn at all times in your home, including while bathing/showering.**

Preferred type:  Cord  Wrist Band  Auto Alert (Fall Detect)

## PART IV – PAYMENT METHOD

There is a small fee for this service. Once you submit this form, Fraser Health Lifeline staff will call you to review the information you have provided and can discuss with you the current price and payment options. If you are a Veteran, please contact your VAC representative to see if you qualify for coverage of this service. VAC requires a faxed or mailed in Doctor's prescription for Lifeline to start the authorization process. You have the option of requesting installation of the Lifeline service prior to confirming whether VAC will approve or not. If you are not approved by VAC, you will be responsible for the regular fees.

Pre-Authorized Payments  Lump Sum on Credit Card  Post-Dated Cheques  VAC  Other: (specify)

Optional Property Loss (1 time payment of \$20)  Yes (button will be replaced at no charge)  No (\$100 charge to replace)

## PART V – OTHER IMPORTANT INFORMATION

**Landline Phone Service.** A regular telephone that plugs into the wall in your home is required; we cannot plug our unit into a cell phone. We cannot install our units if you use the internet for long distance calls that uses a feature called VOIP.

Phone Company used:  Telus  Shaw  Other:

Pets provide Lifeline staff and emergency workers awareness of pet(s) in the home.

Pets:  No  Yes If yes, specify type: Pets Aggressive?  No  Yes Pets: Indoor  Outdoor

If you smoke inside, we request you do not smoke 2 hours prior to a scheduled visit from Lifeline staff. A scheduled visit includes installation and service calls – for example, if the battery needs to be replaced or you have lost your personal help button.

Smoker:  No  Yes If yes, inside  outside only

**911 Access Security Information.** Information on hidden keys and lock boxes is for the emergency workers.

Hidden key:  No  Yes

Location of hidden house key :

Lockbox Location:

Lockbox Code:

Who should we contact to confirm information and arrange for Lifeline service:  Client  Other Phone number

If you need more help to understand this form, we are only a phone call away – (604) 517-8617. Please call us – we're happy to help!!

Or include your question(s) below:

**Thank you for your interest in the Fraser Health Lifeline Program.**