



Please do not email this form due to HIPAA rules.

Subscriber Information Worksheet

Phone: 316-265-1700

Fax: 316-682-0624

149 S. Ridge Rd. Wichita, KS 67209

Each line must be Individually clicked before typing.

PLEASE PRINT LEGIBLY Required parts in Red and have a *

Unit # _____ Model _____

Date Received: ___/___/___

Date of Install ___/___/___

Caller and # _____

Installer: _____ Time _____

Referral and # _____

Family member at install? _____

Invoice to: _____

(For office use only)

Coupon Code _____

* Subscriber _____

* DOB ___/___/___ * Male / Female

* Address _____

* City _____ * Zip _____

* Phone # (___) ___-___

* Medical Information:

* Hard of hearing? Yes / No

* Medical Concerns _____

* Drug Allergies _____

* Infectious Diseases? _____

* Oxygen? Yes / No Smoker? Yes / No

* Physician: _____ MD / DO

* Office: (___) ___-___

* Fax: (___) ___-___

* Hospital _____

* Wesley Friends? Yes / No

* Responders:

* 1. Name _____

* Address _____

* City _____ * Zip _____

* Relationship: _____

* Home (___) ___-___ * Key? Yes / No

* Cell (___) ___-___ * Employer _____

* Work (___) ___-___

* Telephone Utility Information:

* # of Phones: _____

* Phone Service Provider _____

* Does Subscriber have a cell phone? Yes / No

* If so what is it? (___) ___-___

* Call Cell # before Help is sent? Yes / No

* Does anyone else live at home? Yes / No

* 2. Name _____

* Address _____

* City _____ * Zip _____

* Relationship _____

* Home (___) ___-___ * Key? Yes / No

* Cell (___) ___-___ * Employer _____

* Work (___) ___-___

* Electricity Service Provider _____

* 3. Name _____

* Address _____

* City _____ * Zip _____

* Relationship _____

* Home (___) ___-___ * Key? Yes / No

* Cell (___) ___-___ * Employer _____

* Work (___) ___-___

Notify or Responder # 4

4. Name _____

Address _____

City _____ Zip _____

Relationship _____

Home (___) ___-___ Key? Yes / No

Cell (___) ___-___ Employer _____

Work (___) ___-___