



New Subscriber Information
Call us at 316-265-1700 with any questions.

Subscriber Information:

Name: _____

DOB: _____ M F

Address

Apt # _____ Complex _____

City _____ St. _____ Zip _____

Landline (_____) _____ - _____

Cell (_____) _____ - _____

Language Preference: _____

Responder Information:

10-15 min from Subscriber or 9-1-1 if preferred

1. Name: _____

Address

Apt # _____ Complex _____

City _____ St. _____ Zip _____

Landline (_____) _____ - _____

Cell (_____) _____ - _____

Has a Key? Call Before EMS? After?

2. Name: _____

Address

Apt # _____ Complex _____

City _____ St. _____ Zip _____

Landline (_____) _____ - _____

Cell (_____) _____ - _____

Has a Key? Call Before EMS? After?

Medical Information:

Hearing Impairment

Blindness

Oxygen in the Home

Smoker

Medical Concerns: _____

Drug Allergies: _____

Primary Care Physician: _____

Office (_____) _____ - _____

Preferred Hospital: _____

(_____) _____ - _____

Household Information

Does anyone else live in the home?

Name: _____

Relation: _____

(_____) _____ - _____

Pets in the home?

Garage Door Code/Lock Box Code/Hidden Key and

location: (This information reduces risk of EMS

damaging home in an emergency.)

Who Should We Contact to Schedule for Service?

(_____) _____ - _____