



Monitoring Data Sheet

OFFICE USE	
Date	Unit ID#

Est. 1981
6529 Telegraph Avenue, Oakland, CA 94609

info@vital-linkinc.com Phone: 1-800-752-5522 Fax: 1-510-338-3467

SUBSCRIBER INFORMATION

Subscriber Name (last, first)		Gender M F	Date of Birth	Special Language Needs	Neck Wrist
Address (street, city, state, zip)		Medical Conditions/Major Illness (ie: arthritis, diabetes, heart, hbp, falling)			
Address Notes (cross streets/directions)		Medical Allergies PCN/Antibiotics Sulfa			
Telephone Number		Physician: Name	Telephone	Hospital Preference	
Allow Forced Entry Y N	Keysafe/Lockbox Code	Hidden Key/Keysafe Location			
Telephone Company/Provider		Telephone Service Type <input type="checkbox"/> Standard <input type="checkbox"/> VoIP <input type="checkbox"/> Cable-phone <input type="checkbox"/> Other:			Internet Service <input type="checkbox"/> DSL
Subscriber must notify the Service Provider and the Monitoring Company of ANY changes to telephone service!					

SPECIAL INSTRUCTIONS AND NOTES

(ie. if no Voice Contact, etc.)

IN AN EMERGENCY, CALL MY 911 EMERGENCY CENTER BEFORE ANY OTHER RESPONDER	<input type="checkbox"/> YES	IF NO VOICE CONTACT, CALL MY 911 EMERGENCY CENTER BEFORE ANY OTHER RESPONDER	<input type="checkbox"/> YES
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RESPONDER INFORMATION (Attach Any Additional Responders w/Separate Sheet)

#1	Responder Name		Notes	Relationship	<input type="checkbox"/> Has key <input type="checkbox"/> Must Notify
	Telephone number 1	Home/Mobile/Office	Telephone number 2	Home/Mobile/Office	Telephone number 3 Home/Mobile/Office
#2	Responder Name		Notes	Relationship	<input type="checkbox"/> Has key <input type="checkbox"/> Must Notify
	Telephone number 1	Home/Mobile/Office	Telephone number 2	Home/Mobile/Office	Telephone number 3 Home/Mobile/Office
#3	Responder Name		Notes	Relationship	<input type="checkbox"/> Has key <input type="checkbox"/> Must Notify
	Telephone number 1	Home/Mobile/Office	Telephone number 2	Home/Mobile/Office	Telephone number 3 Home/Mobile/Office
#4	Responder Name		Notes	Relationship	<input type="checkbox"/> Has key <input type="checkbox"/> Must Notify
	Telephone number 1	Home/Mobile/Office	Telephone number 2	Home/Mobile/Office	Telephone number 3 Home/Mobile/Office
#5	Responder Name		Notes	Relationship	<input type="checkbox"/> Has key <input type="checkbox"/> Must Notify
	Telephone number 1	Home/Mobile/Office	Telephone number 2	Home/Mobile/Office	Telephone number 3 Home/Mobile/Office

THE SYSTEM AGREEMENT LIMITS VITAL LINK'S LIABILITY - READ IT! I will notify VITAL LINK of any changes to the above information Subscriber

Signature: _____ Date: _____