



Medical Alert Service Subscriber Data Form

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Name		Phone # w/ Area Code	
Street Address		Apt#	
City	State	Zip Code	County
Nearest Intersection		Date of Birth	Sex
Language Spoken by Client, if other than English		Hospital Preference	Hospital Phone #
Doctor's Name		Doctor's Phone #	
Hidden Key Location	Lock Box Combination		<input type="checkbox"/> Lives Alone <input type="checkbox"/> Live-Ins

Phone Line Type:

Verizon Landline Time Warner VOIP DSL Other

RESPONDERS: Should be able to respond quickly to an emergency and have access to client's residence.

Responder should not live more than 20 minutes away

Do not enter 911 – Use local phone numbers with Area Code

Police #	Fire #	Ambulance #
----------	--------	-------------

Responder Name	Key		Relation to Subscriber	Home Phone #	Alternate Phone # or Comments	
	Yes	No				
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Cell <input type="checkbox"/> Work	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Cell <input type="checkbox"/> Work	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Cell <input type="checkbox"/> Work	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Cell <input type="checkbox"/> Work	

RESPONDER NOTIFICATION ORDER: If voice contact is not established, list responders to be called in order of priority.

1.	3.
2.	4.

MEDICAL CONDITIONS

SPECIAL INSTRUCTIONS

AGENCY INFORMATION

Agency Name	Phone #
Glens Falls Hospital Medical Alert Service	518-409-8100

To Order Service Call 518-409-8100, or fax/email form to 518-409-8103, or kcrotty@glensfallshosp.org