

Agent Name: _____

myHalo User Intake Form

72001043-1E

For Official Use Only

Installation Date: _____ UID: _____

User Information

End User Unit Dealer Unit

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Date of Birth: _____/_____/_____

Hidden Key: _____

User Hospital Preference: _____

Additional Information: _____

Billing Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell: _____

Work: _____

Credit Card/Debit Card Processed

CAREGIVER INFORMATION (in order of notification)

1. Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Cell: _____

Work: _____

Additional #: _____

E-mail: _____

Call Order in case of Emergency by #

#1 _____

#2 _____

#3 _____

Cell Phone Provider: _____

Do you have a key to residence: _____

Alerts you wish to use:

Call Email Text All

2. Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Cell: _____

Work: _____

Additional #: _____

E-mail: _____

Call Order in case of Emergency by #

#1 _____

#2 _____

#3 _____

Cell Phone Provider: _____

Do you have a key to residence: _____

Alerts you wish to use:

Call Email Text All

3. Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Cell: _____

Work: _____

Additional #: _____

E-mail: _____

Call Order in case of Emergency by #

#1 _____

#2 _____

#3 _____

Cell Phone Provider: _____

Do you have a key to residence: _____

Alerts you wish to use:

Call Email Text All

myHalo Kit Selection

myHalo Belt Clip

myHalo Complete

Chest Strap Size

S 22-28" M-L 28-45"

XL- XXL 45-60"

Serial Numbers

Transmitter: _____

Gateway: _____

Medical Information

Medical Equipment used in home: _____

Medical History

Diabetes Stroke/CVA/TIA

Cancer Cardiac History

Seizures Pacemaker

Any known drug Allergies: _____

Additional Information: _____

Subscriber Signature: _____ Installer Signature: _____

HIPAA Standards mandate that all customer orders be uploaded, faxed in or sent via regular mail.

DO NOT SEND VIA EMAIL if this is for a customer.