

myHalo User Intake Form

72001043-1B

Installation date: _____

User Information

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number () _____
 Cell Number () _____
 Email address (optional) _____
 Date of Birth _____/_____/_____
 Hidden key _____
 Additional Information _____

Billing Information

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____
 Cell Number () _____
 Work Number () _____
☐ Credit Card/Debit Card Processed

CAREGIVER INFORMATION (in order of notification)

1.Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone # () _____
 Cell # () _____
 Work # () _____
 Additional # () _____
 Email address: _____
 Order of Numbers to call in case of
 Emergency
 #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 # () _____
 Email address: _____
 Order of Numbers to call in case of
 Emergency
 #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 # () _____
 Email address: _____
 Order of Numbers to call in case of
 Emergency
 #1() _____
 #2() _____
 #3() _____
 Cell Phone provider _____
 Do you have a key to residence _____
 Alerts you wish to use:
☐ Call
☐ Email
☐ Text
☐ All

Medical Information

Medical Equipment used in home _____

- ☐ Diabetes
- ☐ Cancer
- ☐ Seizures
- ☐ Stroke/CVA/TIA
- ☐ Cardiac history
- ☐ Pacemaker

Medical history

Any know drug Allergies _____

 Additional Information _____

Subscriber Signature _____

Installer Signature _____