

# MyHalo User Intake Form

72001043-1A

<b>Installation date:</b> _____ <b>Gateway serial # H</b> _____ <b>Transmitter serial#H</b> _____		
<p align="center"><b><i>Subscriber Information</i></b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number (     ) _____</p> <p>Cell Number (     ) _____</p> <p>Date of Birth _____/_____/_____</p> <p>Hidden key _____</p> <p>Additional Information _____</p> <p>_____</p>	<p align="center"><b><i>Billing Information</i></b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number _____</p> <p>Cell Number (     ) _____</p> <p>Work Number (     ) _____</p> <p>Paying Method:</p> <p><input type="checkbox"/> Send monthly bill</p> <p><input type="checkbox"/> Credit Card</p> <p>Card Number _____</p> <p>Expiration date ____/____/____</p>	
<b>CAREGIVER INFORMATION</b>		
<p>Name: _____</p> <p>Address: _____</p> <p>City _____</p> <p>State ____ Zip _____</p> <p>Phone # (     ) _____</p> <p>Cell # (     ) _____</p> <p>Work # (     ) _____</p> <p>Additional # (     ) _____</p> <p>Email address _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City _____</p> <p>State ____ Zip _____</p> <p>Phone # (     ) _____</p> <p>Cell # (     ) _____</p> <p>Work # (     ) _____</p> <p>Additional # (     ) _____</p> <p>Email address _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City _____</p> <p>State ____ Zip _____</p> <p>Phone # (     ) _____</p> <p>Cell # (     ) _____</p> <p>Work # (     ) _____</p> <p>Additional # (     ) _____</p> <p>Email address _____</p>
<p>Numbers in Order to call in case of Emergency</p> <p>#1(     ) _____</p> <p>#2(     ) _____</p> <p>#3(     ) _____</p> <p>Cell Phone provider _____</p> <p>Do you have a key to residence _____</p> <p>Alerts you wish to use:</p> <p><input type="checkbox"/> Call</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Text</p> <p><input type="checkbox"/> All</p>	<p>Numbers in Order to call in case of Emergency</p> <p>#1(     ) _____</p> <p>#2(     ) _____</p> <p>#3(     ) _____</p> <p>Cell Phone provider _____</p> <p>Do you have a key to residence _____</p> <p>Alerts you wish to use:</p> <p><input type="checkbox"/> Call</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Text</p> <p><input type="checkbox"/> All</p>	<p>Numbers in order to call in case of Emergency</p> <p>#1(     ) _____</p> <p>#2(     ) _____</p> <p>#3(     ) _____</p> <p>Cell Phone provider _____</p> <p>Do you have a key to residence _____</p> <p>Alerts you wish to use:</p> <p><input type="checkbox"/> Call</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Text</p> <p><input type="checkbox"/> All</p>
<b>Medical Information</b>		
<p>Medical Equipment used in home _____</p> <p>_____</p>		
<p align="center"><b><i>Medical history</i></b></p> <p>Any know drug Allergies _____</p> <p>_____</p> <p>_____</p> <p>Additional Information _____</p> <p>_____</p> <p>_____</p>		
<div style="display: flex; justify-content: space-between;"> <div> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Stroke/CVA/TIA</p> <p><input type="checkbox"/> Cardiac history</p> <p><input type="checkbox"/> Pacemaker</p> </div> </div>		
<p>Subscriber Signature _____</p>		<p>Installer Signature _____</p>