

Northwood Intouch Care Plan

Telephone 492-3346 or 1-800-461-3346 when completed or you may fax completed care plan to (902)-421-6385 or mail to the office in the enclosed envelope.

Mr. Mrs. Miss Ms. Other _____

First Name: _____ Middle Initial: _____ Last

Name: _____

Date of Birth (D/M/Y): _____ Male Female

Subscribers civic address:

_____ Postal

code: _____

Subscribers mailing

address: _____

_____ Postal

code: _____

Home phone number (902) _____ - _____ Cellular phone number (902) _____ -

Do you live alone? Yes No

Name and Relationship of person living with you is

Location of hidden key for Emergency Services

Are there any visible landmarks or specific directions you can provide to help Emergency Services find your home?

Does your telephone plug into a telephone jack? Yes No

Do you have more than one telephone in your home? Yes No

Do you have dial-up Internet service in your home? Yes No

Should Northwood Intouch contact you directly to arrange an installation appointment time?

Yes No If no, who should we contact for this?

Name: _____

Phone # (h) (902) _____ - _____ (w) (902) _____ - _____ (c) (902) _____ - _____

Responders Information: For when an ambulance is not needed but assistance is.

(We recommend that Responders be no further than 10 to 12 minutes from Subscriber)

#1 First Name: _____ Last

Name _____

Mailing

Address: _____

_____ Postal

Code: _____

Phone # (h) (902) _____ - _____ (w) (902) _____ - _____ (c) (902) _____ - _____

of minutes away from subscriber: _____ Do they have a key? Yes No

Relationship to

subscriber: _____

#2 First Name: _____ Last

Name _____

Phone # (h) (902) _____ - _____ (w) (902) _____ - _____ (c) (902) _____ - _____

of minutes away from subscriber: _____ Do they have a key? Yes No

Relationship to

subscriber: _____

#3 First Name: _____ Last

Name _____

Phone # (h) (902) _____ - _____ (w) (902) _____ - _____ (c) (902) _____ - _____

of minutes away from subscriber: _____ Do they have a key? Yes No

Relationship to subscriber: _____

Next of Kin

First Name _____ Last Name _____ Relation-
ship _____

Mailing

Address: _____

_____ Postal

Code: _____

Phone # (h) (902) _____ - _____ (w) (902) _____ - _____ (c) (902) _____ - _____

Is your Next of Kin your Power of Attorney? Yes No

Medical

Doctor's Name: _____ Phone # (902) _____ - _____

Is there anything medically, we should be aware of?

Allergies:

Life Saving Medications:

How did you hear about Northwood Intouch?

Method of Payment

Automatic withdrawal from bank account monthly (Pre-authorized payments)

Billed/invoiced monthly

Name of person(s) to bill: _____ Phone# () _____ -

Billing

Address: _____

_____ Postal

Code: _____

Post-dated cheques

Funded (e.g. Community Services, DVA, MS Society) Veteran's Affairs K number

Contact name: _____ Telephone number:

****** If there are certain restrictions you would like added to your file as it relates to who can access this careplan information, please contact the Northwood Intouch Office.******

Updated
March
'09