

Northwood Intouch Application Form

Telephone 492-3346 or 1-800-461-3346 when completed or you may fax application form 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

Subscriber's street address: _____

Postal code: _____

Subscriber's mailing address: _____

Postal code: _____

Subscriber's home number (902) _____ - _____ Cell 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 _____

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

Who should be contacted to arrange an install time? _____

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 _____ Relationship _____

Mailing Address: _____

Postal Code: _____

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

Email Address: _____

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

Medical

Doctor's Name: _____

Is there anything medically, we should be aware of? _____

Allergies: _____

Life Saving Medications: _____

How did you hear about Northwood Intouch? _____

Equipment – please check your selection below:

Basic Unit and pendant Additional Pendant Fall Detector Bed Sensor CookStop

PIR Motion Detector Flood Detector Extreme Temperature Sensor MedReady Dispenser

Enuresis (Incontinence) Sensor

Method of Payment

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

Billed/invoiced monthly

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

Billing Address: _____

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 application form information, please contact the Northwood Intouch Office.