

Client ID: \_\_\_\_\_  
 Serial No: \_\_\_\_\_  
 Agency: \_\_\_\_\_

# Client information form

Please complete and return to Tunstall Healthcare via the reply paid envelope or contact details listed below

## Customer details (please complete)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Phone	_____
First name	_____	Surname	_____
Preferred name	_____	Date of birth	_____
Street address	_____		
Suburb	_____	State	_____
		Postcode	_____
Complex name	_____	<input type="checkbox"/> Lives alone	<input type="checkbox"/> Lives with: _____
Nearest cross-street to your home	_____		
Language	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____	Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Key hide	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location	_____
		Key safe code	_____
DVA Gold card holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gold card no.	_____

## Medical details (please indicate all that apply)

<input type="checkbox"/> Diabetes (specify): Type 1 / Type 2	<input type="checkbox"/> Blood pressure (specify): High / Low / Fluctuates	<input type="checkbox"/> History of stroke
<input type="checkbox"/> Heart problems (specify): _____	<input type="checkbox"/> Breathing problems (specify): _____	
<input type="checkbox"/> Mobility problems (specify): Wheelchair / Frame / Stick	<input type="checkbox"/> History of falls	<input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma
Other conditions (specify): _____		
Allergies (specify): _____		
Life dependent medications (specify): _____		
Weight range (specify):	<input type="checkbox"/> Up to 70 kgs <input type="checkbox"/> 70-100 kgs <input type="checkbox"/> Over 100 kgs	Ambulance cover <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of doctor (optional): _____	Phone _____	Preferred hospital _____

## Emergency contacts (please complete)

Please list details of people who have agreed to be contacted in the event that you require assistance. Remember your nominated contacts should: live within a reasonable distance, be contactable by telephone and willing to respond in the event of an emergency. **Please list contacts in the order you wish for them to be contacted.**

1.	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Travel time to client (minutes)	_____
	Name	_____		
	Relationship	_____	Next of kin	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone 1 (HM)	_____	Phone 2 (MOB)	_____
			Phone 3 (WK)	_____
	Key	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Knows key hide	Available to contact	<input type="checkbox"/> All hours only <input type="checkbox"/> AM <input type="checkbox"/> PM
2.	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Travel time to client (minutes)	_____
	Name	_____		
	Relationship	_____	Next of kin	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone 1 (HM)	_____	Phone 2 (MOB)	_____
			Phone 3 (WK)	_____
	Key	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Knows key hide	Available to contact	<input type="checkbox"/> All hours only <input type="checkbox"/> AM <input type="checkbox"/> PM

## Emergency contacts continued

3.	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Travel time to client (minutes):	_____
	Name	_____		
	Relationship	_____	Next of kin	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone 1 (HM)	_____	Phone 2 (MOB)	_____
	Phone 3 (WK)	_____	Phone 3 (WK)	_____
	Key	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Knows key hide	Available to contact	<input type="checkbox"/> All hours only <input type="checkbox"/> AM <input type="checkbox"/> PM

4.	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Travel time to client (minutes)	_____
	Name	_____		
	Relationship	_____	Next of kin	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone 1 (HM)	_____	Phone 2 (MOB)	_____
	Phone 3 (WK)	_____	Phone 3 (WK)	_____
	Key	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Knows key hide	Available to contact	<input type="checkbox"/> All hours only <input type="checkbox"/> AM <input type="checkbox"/> PM

## Personal emergency response service authorisation

1. I authorise Tunstall to call the Emergency Service (Ambulance, Fire or Police) on my behalf.
2. I hereby authorise the Emergency Service through its officers to enter my premises and to use any reasonable force necessary to effect such entry. In the event that such entry causes damage or loss I will not hold the Emergency Service liable for such damage or loss and I hereby indemnify Tunstall in respect of any claim made against it by others in respect of such damage or loss.
3. I agree to, and am aware of, the recording of all incoming and outgoing telephone communications made to and from the Tunstall response centre in relation to the provision of this service.
4. I acknowledge that Tunstall will use or disclose my personal records only when it directly relates to my care or welfare and only then with my consent or as required by law.
5. I acknowledge that if there are two or more telephone sockets in my home that Safe Socket or Mode 3 wiring will be required to be installed. If the alarm is removed, I am responsible for the reversal of any Mode 3 wiring and any cost involved.
6. Where this alarm is rented, I acknowledge the alarm equipment remains the property of Tunstall Healthcare and I will endeavour to maintain the equipment in good working order; and that when I no longer require the alarm, I or my representative will ensure the return of the alarm equipment to Tunstall or be liable for charges.
7. I authorise Tunstall New Zealand to hold a copy of my record for the purpose of providing continued service in the event of an emergency at Tunstall's Australian response centre.
8. I acknowledge that I am responsible for the telephone service (including, landline, mobile, NBN, VOIP and POTS services) and that I am responsible for its connectivity. I acknowledge that I am responsible for ensuring that the telephone service I have commissioned is compatible with the Tunstall alarm service. Tunstall is not responsible for installing, supplying or repairing any telephony service or the reliability of its connectivity. I acknowledge that Tunstall is not responsible for any potential incompatibility of the alarm with my telephony service in the event that I change my telephony service from that which was connected when the alarm was first installed.

**Privacy statement:** Tunstall assures you that your confidential personal information will only be used for the purpose for which you have provided it. It will not be provided to any person or agency without your consent or that of your legally designated representative. If you have any further queries or would like a copy of our privacy policy please contact your local Tunstall office or email the Privacy Officer: [privacy@tunstallhealthcare.com.au](mailto:privacy@tunstallhealthcare.com.au). Information collected on this form is to enable Tunstall to provide a personal emergency response service. You are welcome to contact Tunstall on 1800 603 377 to update your details at any time.

Client name (please print) \_\_\_\_\_

Client signature \_\_\_\_\_ Date \_\_\_\_\_

### INSTALLER / AGENCY USE

Telephone:  POTS  VOIP  NBN (specify):  Uni-V  Uni-D Backup battery available  Yes  No

Alarm type:  Connect+  ConnectMe(Vi+)  Caresse GSM  Other (specify type):

Mode 3 installed  Safe socket installed (specify quantity):

Pendant type:  Amie  Gem Pendant serial no. (specify):

Equipment location in client residence (specify):

I hereby certify that the cabling work described in this advice complies with the Wiring Rules (AS/ACIF S009:2006 or its replacement)

Signed \_\_\_\_\_

Licence no. \_\_\_\_\_ Date \_\_\_\_\_