

## NEW Resident Monitoring Details

Village Name: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

Unit / Villa / Service Apartment Number: \_\_\_\_\_

Resident Name: \_\_\_\_\_

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### Access to your Premises, Medical and Emergency Contact Information

Access to my premises is via Hidden Key Safe: Yes  No  if NO continue to next section

*IF village has Master Key please tick here*

**Village** to advise location: \_\_\_\_\_ Code: \_\_\_\_\_

*IF you have your OWN Hidden Key please tick here*

Location: \_\_\_\_\_ Code: \_\_\_\_\_

### Resident Medical & Emergency Contact Details

*If you have a medical file which you keep on site which has up to date Medical and Emergency Contact Information and you would rather NOT supply it below; Please tick this box*

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### Confirmation of Understanding;

1. I understand that the service relies on reliable mobile network coverage and uses the SIM card that is within the device to provide this access and coverage. In the event of a mobile network outage or unreliable mobile network coverage, my service will not work and that I should call 000 for emergency assistance.
2. I understand that it is my responsibility to ensure that my contact details, medical changes and Next of Kin are regularly verified and updated when necessary with Eevi Life.
3. I understand that, as part of the ongoing maintenance of the Monitoring Service, I am required to activate EACH pendant monthly and check-in with the Emergency Response Centre. It is my responsibility to choose an easy to remember date such as a birth date to do this monthly. ***If you have an eevi gateway (black gateway) this is not mandated by eevi as the gateway does self testing, however the Village you are in MAY mandate this test take place to keep you familiar in the operation of the gateway supplied.***

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Resident 1 - Male  or Female**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please tick your preferred contact number

Mobile Phone Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

**Nominated Home Care Provider** \_\_\_\_\_

**Resident 1 Details - Medical Details** *(please indicate all that apply)*

Weight Range            up to 70kg       71kg to 100kg       above 100kg

Blood Pressure      Normal       Low       High       Fluctuates

Diabetes              Type 1       Type 2

OTHER      Epilepsy       Asthma       History of falls       History of Stroke       Blood Thinners

Mobility Problems      Arthritis       Walking Stick       Walking Frame       Wheelchair

Allergies (specify): \_\_\_\_\_

Heart Problems (specify): \_\_\_\_\_

Breathing Problems (specify): \_\_\_\_\_

Life dependent medications (specify): \_\_\_\_\_

Other conditions (specify) : \_\_\_\_\_

Ambulance Cover      Yes       No

Name of Doctor (optional): \_\_\_\_\_

Contact phone number of Doctor: (\_\_\_\_) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Resident 2 - Male**  **or Female**  **Is this resident your spouse?** Yes  No

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please tick your preferred contact number

Mobile Phone Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

**Nominated Home Care Provider** \_\_\_\_\_

**Resident 2 Details - Medical Details** *(please indicate all that apply)*

Weight Range                    up to 70kg                     71kg to 100kg                     above 100kg

Blood Pressure    Normal     Low                     High                     Fluctuates

Diabetes                    Type 1                     Type 2

OTHER    Epilepsy     Asthma     History of falls     History of Stroke     Blood Thinners

Mobility Problems                    Arthritis     Walking Stick     Walking Frame     Wheelchair

Allergies (specify): \_\_\_\_\_

Heart Problems (specify): \_\_\_\_\_

Breathing Problems (specify): \_\_\_\_\_

Life dependent medications (specify): \_\_\_\_\_

Other conditions (specify) : \_\_\_\_\_

Ambulance Cover                    Yes                     No

Name of Doctor (optional): \_\_\_\_\_

Contact phone number of Doctor: (\_\_\_\_) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

## Emergency Contacts

Please list details of people who have agreed to be contacted in the event you require assistance. Remember your nominated contacts should live within a reasonable distance, have a telephone and will be willing to respond in the event of an emergency if requested/required.

**An Ambulance will be called if we cannot contact you, we will then contact the Village per the Village Protocol and any nominated keyholders as instructed.**

**1:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Next of Kin: Yes  No  What is their relationship to you: \_\_\_\_\_

What is their travel time to your Unit/Villa/Serviced Apartment in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key hide

**2:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Next of Kin: Yes  No  What is their relationship to you: \_\_\_\_\_

What is their travel time to your Unit/Villa/Serviced Apartment in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key hide

**3:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Next of Kin: Yes  No  What is their relationship to you: \_\_\_\_\_

What is their travel time to your Unit/Villa/Serviced Apartment in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key hide

**4:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Next of Kin: Yes  No  What is their relationship to you: \_\_\_\_\_

What is their travel time to your Unit/Villa/Serviced Apartment in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key hide

## Hardware - Village To Supply Details

Gateway on site: Yes / No Type: Eevi Gateway (black) **OR** Smartlink Gateway (white)

Eevi Gateway Serial Number (found on bottom)

\_\_\_\_\_

Smartlink Sim Card serial number (found in the bottom of the gateway)

\_\_\_\_\_ ID in gateway \_\_\_\_\_