



Eevi Life  
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## eevi Direct Customer Application Form

Thank you for purchasing your eevi device. Before we get started on configuring your device, we need a few details from you in order to complete the onboarding process. Please fill out your details in the fields below. If you only require one customer account, please leave the customer 2 section blank and continue to the next section.

### Customer #1

Male  or Female

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

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

Email Address: \_\_\_\_\_

*Please tick your preferred contact number*

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

Nominated Home Care Provider: \_\_\_\_\_

### NDIS Information

NDIS number: \_\_\_\_\_

NDIS Plan Management: Self-Managed  NDIA/Agency Managed  Plan Managed  Plan

Expiry: \_\_\_\_\_ Plan

Manager: \_\_\_\_\_

Organisation Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### 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 Location:

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

**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)*:

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

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

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

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

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\_\_\_\_\_ Ambulance  
Cover: Yes  No

Name of Doctor *(optional)*:

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

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Preferred Hospital:

Please tick this box if you do *not* wish to receive information regarding Eevi product offers and announcements:

Do you consent to provide access to data regarding alerts: Yes  No

**Customer # 2**

**Male**  **or Female**  **Is this resident your spouse?** Yes  No  (If NO, please specify your relationship to Customer #1: \_\_\_\_\_ (family, friends, POA etc))

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

Surname: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_ *Please tick your preferred contact number*

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

\_\_\_\_\_  Nominated Home Care Provider: \_\_\_\_\_

**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:

\_\_\_\_\_

Please tick this box if you do *not* wish to receive information regarding Eevi product offers and announcements:

Do you consent to provide access to data regarding alerts: Yes  No

## Emergency Contacts

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, 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 and any nominated keyholders as instructed via the No Voice Contact protocol.**

### Emergency Contact #1

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

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

Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_ (son, daughter, friend, relative etc)

What is their travel time to your home in minutes: \_\_\_\_\_

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

### Emergency Contact #2

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

Mobile Number: \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_

Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_ (son, daughter, friend, relative etc)

What is their travel time to your home in minutes: \_\_\_\_\_

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

### Emergency Contact #3

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

Mobile phone: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Next of kin: Yes  No

What is their relationship to you: \_\_\_\_\_ (son, daughter, friend, relative etc)

What is their travel time to your home in minutes: \_\_\_\_\_

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

**Emergency Contact #4**

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

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

(\_\_\_\_) \_\_\_\_\_ Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_ (son, daughter, friend, relative etc)

What is their travel time to your home in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key location  **Emergency Contact #5**

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

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

(\_\_\_\_) \_\_\_\_\_ Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_ (son, daughter, friend, relative etc)

What is their travel time to your home in minutes: \_\_\_\_\_

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

**Google Home Support**

*The eevi voice assistant "Eevi Now" is available on Google Home with a voice-activated alarm and daily check-in ability that can be integrated to your medical alarm.*

Would you like to activate this feature: Yes  No

**Friends & Family App**

*Linking directly to the Gateway, the 'Friends & Family app' is a mobile application that provides information about your Gateway device. It is an app as well as a text service that sends alerts and updates directly from the Eevi Gateway. It is available on the iOS and Android platforms and can be downloaded from the app store directly on your phone. A login will need to be created by the Eevi team to provide access to this app. Additional logins may be provided at a cost of \$5 per month and can be arranged directly with your Eevi representative.*

Please nominate one contact to have access to the eevi Friends & Family app login: 1. Premium

Plan  2.  3.  4.  5.

Alternatively, if you would like another family member or friend to have this app login access that you have not listed as an emergency contact please fill out their details:

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

Mobile Number: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

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

### Hardware and Plan Pricing

	Outright	Rental
Price	\$520	\$0
Monthly Recurring Charge	\$29	\$46.60

Premium Plan  Plus Plan  Care Plan

### 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 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.*

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

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