

## eevi Smart Watch Application Form

Thank you for purchasing your eevi Watch device. Before we get started, we need a few details from you in order to complete the onboarding process. Please fill out your details in the fields below.

### Wearer

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

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

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

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

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

**Please tick your preferred contact number**

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

### Access to your Premises

Access to my premises is via Hidden Key Safe: Yes  No

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

**if NO continue to next section**

### Hardware and Plan Pricing inc GST

Description	Details	Price
Outright Hardware Purchase	eevi Smart Watch as advertised <a href="http://www.eevi.life">www.eevi.life</a> includes 3 months free monitoring.	\$799
Freight	Flat Rate Shipping	\$33.00
<b>Total Payable Upfront</b>		<b>\$283.00 inc GST</b>
Tech Angel Installation Please supply <input type="checkbox"/> (tick here)	One hour or part therefore onsite to instruct on pendant use if required	\$165.00 per hour
Monthly Recurring Charge	Eevi Smart Watch plan - Professionally Monitored	\$55 per month
Monthly Recurring Charge	Family and Friends Self Monitoring	\$

Professionally Monitored  Self Monitored

Nominated Phone number to call. Only one can be called: \_\_\_\_\_

## 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, Next of Kin and emergency are regularly verified and updated when necessary with eevi Life.

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

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

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

## NDIS Information [Optional]

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

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

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

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

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

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

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

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

## Alternate Billing if NOT Wearer OR NDIS [Optional]

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

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

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

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

## Wearer Medical Information *(please tick all that apply)*

- If you have elected to have your service Self Monitored by Family and Friends, this page is not required.
- If you do not wish to provide Medical Details to the response centre but prefer to keep your medical file in a location within your premises.

***Please advise below the location so we can guide emergency services if required***

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

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. Please tick below which scenario applies to you to indicate you understand the actions that will take place in the event of an emergency.

- If you have elected Professional Monitored an ambulance will be called if we cannot contact you and any nominated keyholders per the eevi No Voice Contact protocol.
- If you have elected Self Monitoring these contacts will be added as your part of your 5 Family and Friend Contacts. Note an ambulance will not be called on your behalf if your nominated Self Monitored number is not answered or available. Via the Friends and Family App these contacts will receive an alert. They must have the icon and notification setup on their Smartphone to receive the alerts real time.

## Emergency Contact #1

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

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

Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_(partner, family, friend)

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: \_\_\_\_\_(partner, family, friend)

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

Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_(partner, family, friend)

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 Number: \_\_\_\_\_

Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_(partner, family, friend)

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 Number: \_\_\_\_\_

Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_(partner, family, friend)

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

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

### Friends & Family App

*Linking directly to the Smart Watch, the 'Friends & Family app' is a mobile application that provides information about your device. It is an app as well as a text service that sends alerts and updates directly from the Eevi Smart Watch. It is available on the iOS and Android platforms and can be downloaded from the app store directly on your phone. A login will be created by the Eevi team to provide access to this app.*

*Additional logins in excess of 5 may be provided at a cost of \$5 per month and can be arranged directly with your Eevi representative.*

*Please nominate a contact to have access to the eevi Friends & Family app login select all that apply maximum of 5 can be chosen:*

1.  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 Number: \_\_\_\_\_

Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_(partner, family, friend)

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

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