

eevi Life Pendant Application Form

Thank you for purchasing your eevi Life Pendant 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 Life Pendant as per website www.eevi.life includes 3 months free monitoring	\$285 GST Exempt
Freight	Flat Rate Shipping	\$5
Total Payable Upfront		
Monthly Recurring Charge	Eevi Life Pendant plan - Self Monitored	\$29 per month
Rental Option	Minimum 24-month contract, includes rental of the eevi Life Pendant and monthly monitoring.	\$43.50 per month
Tech Angel Installation Please supply <input type="checkbox"/> (tick here)	One hour or part therefore onsite to instruct on pendant use if required	

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 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.

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