

Emergency Response Confidential Data Form



**** OFFICE USE ONLY** Customer Number: Salesperson:

Date required: Village Manager informed of data completion: YES / NO

System Information (found on sticker on front of system packaging)
 Line No: (top right hand side of sticker) Phone No: (bottom left hand side)

ADDRESS DETAILS

Phone No: (This is the number the ADT Security will contact you on)
 Village Name: Unit No:
 Street:
 Suburb: Post Code:

OCCUPANT/S DETAILS

Person 1:

Title Given names Surname

Date of Birth: Language usually spoken at home:

Mobile Phone No: Occupancy Start Date:

Person 2:

Title Given names Surname

Date of Birth: Language usually spoken at home:

Mobile Phone No: Occupancy Start Date:

NOMINATED CONTACT PERSONS

Please provide the contact details of three (3) relatives, friends or neighbours who have agreed to be one of your nominated contact persons. Please ensure they live within a reasonable distance of your home and are able to be contacted by telephone should you need them to render assistance.

Name	Phone number	Alternative phone no.	Relationship	Has keys (please tick)
				Y / N
				Y / N
				Y / N

MEDICAL HISTORY Person 1: (Please tick)			
DIABETES	YES / NO	INSULIN DEPENDANT	YES / NO
HEART PROBLEMS	YES / NO	PACEMAKER	YES / NO
BLINDNESS	YES / NO	DEAFNESS	YES / NO
DEMENTIA	YES / NO	ALLERGIES	YES / NO
PARKINSONS	YES / NO		
MEDICAL HISTORY Person 2: (Please tick)			
DIABETES	YES / NO	INSULIN DEPENDANT	YES / NO
HEART PROBLEMS	YES / NO	PACEMAKER	YES / NO
BLINDNESS	YES / NO	DEAFNESS	YES / NO
DEMENTIA	YES / NO	ALLERGIES	YES / NO
PARKINSONS	YES / NO		

Dog on premises: **YES / NO** (Please tick)

Key safe installed: **YES / NO** (Please tick) Key safe code: Location:

Preferred Hospital:

Doctor Name:

Comments:

Please return this completed form via email to indipendant@tycoint.com