Healthsense®

Customer Information Form (*single sensors)*

Resident Information

Resident Name:	**Resident Phone Number:**

Zone Name and Room or Apartment Number:

eNeighbor System to be: ***(must choose one)*** **Enabled** ☐ **or** **Disabled** ☐

Programmable Personal Safety Monitors and Reminders

MAC Address	**Description** Example: Alert caregiver when resident leaves the bed between 11:00 PM – 7:00 AM	**Active Time Period** Example: 11:00PM – 7:00AM Saturday & Sunday	**Action** Example: Call 555-123-4221 twice then 555-123-4223 once if unanswered

Instructions:

Complete form and return to Healthsense by email or fax:

Email: customerservice@healthsense.com

Fax: 952-400-0329

Person Requesting & Title *(Required)* **Signature** **Date**