



eNeighbor® Customer Information

Resident/Client Information

Name: _____

Phone Number: _____

Address: _____

Who does resident live with? (Include caregiver information): _____

Does the resident sleep in a hospital bed? ___ Yes ___ No

Does the resident have multiple entries/exits ___ Yes ___ No

If yes, would you like to order an extra door contact sensor? ___ Yes ___ No

If the system becomes inoperable, the Healthsense call center should contact:

___ Resident (any time of day or night)

___ Resident (daytime only)

___ Duty Staff (any time of the day or night)

___ Other (specify name, phone number, available contact hours): _____

Responder/Care Provider Information *Required: (System will not be activated without this information)

Name: _____ Phone Number: _____

Email: _____ Available Hours: _____ Door Key _____

Name: _____ Phone Number: _____

Email: _____ Available Hours: _____ Door Key _____

Name: _____ Phone Number: _____

Email: _____ Available Hours: _____ Door Key _____

Emergency Phone Number

___ Police ___ Fire ___ Sheriff ___ Other _____

Phone Number: _____ (911 not allowed)

eNeighbor® Customer Information

Healthsense Advantage Website Access

Name: _____ Title: _____

Phone Number: _____ Email: _____ View Edit

Name: _____ Title: _____

Phone Number: _____ Email: _____ View Edit

Name: _____ Title: _____

Phone Number: _____ Email: _____ View Edit

Name: _____ Title: _____

Phone Number: _____ Email: _____ View Edit

Name of Person Installing System: _____ Title: _____

Phone Number: _____ Email: _____ View Edit

Site Information

24-Hour Site Supervision (if applicable): Security Desk Nurse Station Other (specify): _____

Phone Number: _____

Site Manager or Case Manager Name: _____ Contact Hours: _____

Work/Home Phone Number: _____ Cell Number: _____

Broadband Internet Information

Broadband service in residence? Yes No

Name of current broadband supplier _____



eNeighbor® Customer Information

Healthsense Office Use Only

Sales Order Number: _____ Case #: _____ Desired date of installation: _____

Base station Number/MAC Address: _____

Zone on portal _____

Revision History:

Revision	Date	Description of changes	Requested By
0		Initial Release	Terry Barck
1	16-Nov-10	Reformatted & changed email/fax #'s	Terry Barck
2	20-Jun-11	Added bold/required info.	Karissa Torntore
3	22-July- 11	Added Broadband & installation info.	Karissa Torntore
4	10-Sept-11	Edited broadband internet info	Brian Bischoff
5	18-March-13	New Logo and New Font	Karissa Torntore