

Office Use Only

IMEI:

SEC:

Belle Mobile PERS User Setup Form

Date _____

* User First and Last Name _____

Gender Male Female

* User Address _____

Apt/Suite # _____

* City, State, Zip Code _____

Date of Birth _____

Allergies _____

Medical Conditions and Limitations _____

Prescription Medications and Location _____

Hidden Key or Lockbox Code and Location _____

Special Instructions _____

Preferred Hospital _____

* = *required field*

belle®



Belle Mobile PERS Emergency Contacts Setup Form

These individuals will be notified during and/or after an emergency and when the Belle unit needs to be charged or powers off.

* User First and Last Name _____

* Phone Number _____

Landline? Yes No

Email Address _____

Send Low Battery and Power Off Alerts to: Email Text Message

Caregiver First and Last Name _____

Phone Number _____

Landline? Yes No

Email Address _____

Send Low Battery and Power Off Alerts to: Email Text Message

Is the contact is able to respond in the event of an emergency? Yes No

Caregiver First and Last Name _____

Phone Number _____

Landline? Yes No

Email Address _____

Send Low Battery and Power Off Alerts to: Email Text Message

Is the contact is able to respond in the event of an emergency? Yes No

Caregiver First and Last Name _____

Phone Number _____

Landline? Yes No

Email Address _____

Send Low Battery and Power Off Alerts to: Email Text Message

Is the contact is able to respond in the event of an emergency? Yes No

* = required field

*** I verify the above information is correct.**

Signature

Date