



**Referral / Request  
Medical Alert/PERS Installation**

**PLEASE TYPE OR PRINT**

Name		Phone # w/ Area Code		SUB #/ID #	
Street Address		Apt. #	City	State	Zip Code
			Date of Birth	Hidden Key Location	Sex
Primary Language			Hospital of Preference Hospital Phone #		

**RESPONDERS: Should be able to respond quickly to an emergency and have access to client's residence.**

Police		Fire		Ambulance	
Responder Name	Key YES NO	Relation to Subscriber	Phone Numbers		
			Home	Work	
			Cell	Pager	
			Home	Work	
			Cell	Pager	
			Home	Work	
			Cell	Pager	

**RESPONDER NOTIFICATION ORDER: If voice contact is not established, list responders to be called in order of priority including Police, Fire and Ambulance. If these instructions are not provided, an ambulance will be called first.**

1.	4.
2.	5.
3.	6.

**MEDICAL HISTORY / DIAGNOSIS**

PRIMARY	SECONDARY	TERTIARY

**ALLERGY INFORMATION / IMPAIRMENTS**

(circle) Hearing	Vision	Speech	Ambulation	Other:
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**SPECIAL INSTRUCTIONS**


**AGENCY INFORMATION**

Agency Name	Account #	Agency Phone # 1-866-435-2617
Agency Contact / Authorized Signature		Date

Fax to: 866.874.8884 • Tunstall Client Services Dept.  
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