

FOR OFFICIAL USE ONLY

Lifeline ID No: _____



TUNSTALL ONLINE MONITORING FORM

Thank you for purchasing from Tunstall Online. In order for us to provide you with the very best service possible, we require a monitoring form to be completed for each individual to be monitored. Please print out this pdf, complete it and post it back to us. If you have any queries, or would like help in completing this form, please call the administration team on **08450 56 54 56**. Lines are open 9.00am to 5.00pm Monday to Friday.

Please note: The service Tunstall Response provides relies upon the information provided on the monitoring form, therefore the service cannot begin until the form is received by Tunstall Response.

**IF YOU ARE APPLYING ON YOUR OWN BEHALF, PLEASE COMPLETE THE CLIENT DETAILS ONLY.
IF YOU ARE APPLYING FOR THE SERVICE ON BEHALF OF SOMEONE ELSE, PLEASE COMPLETE BOTH SECTIONS BELOW.**

PLEASE COMPLETE IN BLOCK CAPITALS AND TICK BOXES WHERE APPLICABLE.

CLIENT DETAILS

PayPal Payment Ref. No. _____

Mr/Mrs/Ms/Miss/Other:	Surname:
First Name(s):	Known As:
Address:	
Postcode:	
Home Tel:	Date of Birth:
First Language (ie English):	
Religion (complete at your discretion):	
Name of telephone service provider (please tick)	
British Telecom <input type="checkbox"/> Other <input type="checkbox"/> Please specify: _____	

CLIENT REPRESENTATIVE

Mr/Mrs/Ms/Miss/Other:	Surname:
First Name(s):	
Address:	
Postcode:	
Home Tel:	Work Tel:
Mobile:	Relationship to client:
Please tick: I want all invoices and future correspondence sent to me as the client representative <input type="checkbox"/>	
No, please send all future invoices and correspondence direct to the client <input type="checkbox"/>	

MEDICAL DETAILS

Doctor's Name: _____	
Address: _____	
	Postcode: _____
Tel: _____	Out of Hours Tel: _____

MEDICAL CONDITIONS - To help us provide a quality service, please provide details of any medical conditions we might need to be aware the client receives the support they need.

Cardio/vascular		Medical conditions	
Heart condition	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Angina	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Circulation problems	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	Blood disorder	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
Respiratory		Osteoporosis	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Sensory	
Bronchitis	<input type="checkbox"/>	Blind / Partially sighted	<input type="checkbox"/>
Breathing difficulties	<input type="checkbox"/>	Profoundly deaf / Partial hearing	<input type="checkbox"/>
Oxygen at home	<input type="checkbox"/>	Hearing aid	<input type="checkbox"/>
Mind state		Mobility	
Poor concentration	<input type="checkbox"/>	History of falls	<input type="checkbox"/>
Learning difficulties	<input type="checkbox"/>	Poor mobility	<input type="checkbox"/>
Memory loss	<input type="checkbox"/>	Other (please specify):	
Anxiety	<input type="checkbox"/>		
Speech difficulties	<input type="checkbox"/>	Aids used (please specify):	
Medication taken details: _____			

VISITOR DETAILS - Please provide details of regular home visits or services received:

Home Care	<input type="checkbox"/>	Day Hospital	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	Family Support	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	Neighbour Support	<input type="checkbox"/>
Meals on Wheels	<input type="checkbox"/>	Shopping Service	<input type="checkbox"/>
Day Centre	<input type="checkbox"/>	Other	<input type="checkbox"/>

If someone else lives at the client's address, please give their details:

Name: _____
Relationship to client: _____

NEXT OF KIN

Mr/Mrs/Ms/Miss/Other: _____	Surname: _____
First Name(s): _____	
Address: _____	
	Postcode: _____
Home Tel: _____	Work Tel: _____
Mobile: _____	Relationship to Client: _____

KEY HOLDER DETAILS - In order to provide you with a high quality of service, it is desirable that you give us details of a minimum of TWO keyholders. A keyholder can be a relative, friend or neighbour who you want us to contact should you need them or who can provide access for the emergency services. A keyholder must be able to get to you within 20 minutes.

KEYHOLDER 1

Mr/Mrs/Ms/Miss/Other:	Surname:

First Name(s):	_____

Address:	_____

_____	Postcode:

Home Tel:	Work Tel:

Mobile:	

KEYHOLDER 2

Mr/Mrs/Ms/Miss/Other:	Surname:

First Name(s):	_____

Address:	_____

_____	Postcode:

Home Tel:	Work Tel:

Mobile:	

KEYHOLDER 3

Mr/Mrs/Ms/Miss/Other:	Surname:

First Name(s):	_____

Address:	_____

_____	Postcode:

Home Tel:	Work Tel:

Mobile:	

PROPERTY INFORMATION

Do you have a keysafe: Yes <input type="checkbox"/> No <input type="checkbox"/>	Bungalow <input type="checkbox"/>
KEYSAFE CODE: _____	Other <input type="checkbox"/>
This code will only be given to the emergency services if access is required and can be changed at your request.	Please State: _____
Type of Property:	My property is:
House <input type="checkbox"/>	Owner occupied <input type="checkbox"/>
Flat <input type="checkbox"/>	Privately rented <input type="checkbox"/>
	Housing Association (rented) <input type="checkbox"/>
	Council (rented) <input type="checkbox"/>

FURTHER INFORMATION

How did you hear about Tunstall Response:		
Friend/neighbour <input type="checkbox"/>	Hospital <input type="checkbox"/>	Newspaper <input type="checkbox"/>
GP surgery <input type="checkbox"/>	Website <input type="checkbox"/>	Other <input type="checkbox"/> please specify: _____

Is there anything else you would like to tell us

AUTHORISATION

I authorise the information to be used on my behalf in connection with the Monitoring Service.	
Client's signature: _____	Date _____
Signed on behalf of client by: _____	

FOR OFFICIAL USE ONLY

Date	Action	PNC logged by (name)

Please Note: In the interest of both parties, all calls to the Response Centre will be recorded. This is to enable us to deal with any queries or complaint which may arise, as efficiently as possible.

Data Protection The information you provide on this form will be held on a database so that we can keep your records up to date whilst providing you with a response service. We do not pass your details on to any other external company. References to the company means Tunstall Response Ltd.



Once completed please return by post or fax to:
Online Monitoring Forms, Tunstall Response Limited,
Ascot House, Malton Way, Adwick le Street, Doncaster DN6 7FE
General enquiries tel: 08450 56 54 56
Email: service@tunstallonline.co.uk www.tunstallonline.co.uk

