



# DeWitt County

## Are You OK?®

### Telephone Reassurance Program

Service / ID #:  TAKING THE FEAR OUT OF BEING ALONE

### Are You OK?® Field Interview Form

Date Enrolled:  Call Time:  AM/PM  AM/PM Home Phone #:

Cell Phone #:  Answering Machine: YES  NO

Subscriber Last Name:  First Name:  M.I.

DOB:  Do you drive: YES  NO

Vehicle Make:  Model:  Tag #:

Vehicle Make:  Model:  Tag #:

Street Address:

Apt Bldg Name:  Apt #:

City:  Zip:

Doctor's Name:  Doctor's Phone #:

Clergy's Name:  Clergy's Phone #:

Live Alone: YES  NO

Co-Residents:

In Case of Emergency, Notify: ,

Street Address:

City:  State:  Zip:

Phone #'s:

Relationship:

Key Holder: YES  NO

In Case of Emergency, Notify: ,

Street Address:

City:  State:  Zip:

Phone #'s:

Relationship:

Key Holder: YES  NO

In Case of Emergency, Notify: ,

Street Address:

City:  State:  Zip:

Phone #'s:

Relationship:

Non-Family Caregiver: YES  NO  Name:

Phone #'s:

Next of Kin: ,

Street Address:

City:  State:  Zip:

Phone #'s:

Key on Premises: YES  NO

Location of Key:

Keyless Entry: YES  NO

Code:

Alarm System / Life Alert: YES  NO

Name of Company:

Company Phone #:

File of Life: YES  NO

Location:

If forced entry is required, where should entry be located:

Pets: YES  NO

Type of Pet and Location in Residence:

Name and Location of someone to take care of animal in the event of an Emergency:

#### MEDICAL HISTORY

Able to Walk: YES  NO

Walker: YES  NO

Cane: YES  NO

List Physical / Other Impairments:

Comments:

A large, empty rectangular box with a thin black border, intended for entering comments. It occupies the upper half of the page.