

New Client Activation and Advice Form

Please complete and return to Far North Support Alarms – info@farnorthsupportalarms.com.au

Date: _____

Organisation Contact

Name: _____ Position: _____

Phone: _____ Email: _____

Client Details Please also complete the Client Information Form

Title: _____ Name: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Email: _____

Emergency Contact: Name: _____ Phone: _____

Equipment Please note: Failure to complete this form accurately will result in delays in processing your referral.

Category	Product	Additional Options
In-home	4G Medical alarm (Includes 1 standard pendant) purchased.....	All wearing modes included
	3G/4G Medical alarm (Includes 1 standard pendant) rental.....	All wearing modes included
	Additional standard pendant (Purchase).....	All wearing modes included
	Fall detector pendant for 4G/3G Medical alarm (Purchase).....	Wrist Neck
	Wrist mode- For rental GSM 3G alarms only; Neck mode- for rental GSM 3G alarms & purchased GSM 4G alarm	
Outdoors	GEM4 4G (Purchase only).....	Fall detection enabled* (Neck Worn- not pacemaker compatible)
	Tunstall GO 3G pendant (Purchase only).....	Fall detection enabled* (Neck Worn- not pacemaker compatible)

Required- Does the client have a pacemaker?

Yes No

If the client has a pacemaker, we will supply the Gem4 with belt clip and Tunstall GO in key chain mode (split ring).

Key safes	Wall-mount key safe.....	Tumbler dial	Push button
Other			

Billing Authority: Key: R – Rental agreement; O – owned/purchase agreement

Billing Authority - O

Billing Authority - R

Billing Details:

Business Name: _____ Contact Name: _____

E-Mail Address: _____