System ID_____   **INFORMATION COLLECTION**   _____

Resident _____, DoB_____, Gender <u>M / F</u> , Educ_____

Address_____Phone_____

GC-Manage Account Name for Resident: _____

Caregivers/Users

_____   _____   _____   _____
Name   Relationship   Address   Skype Address

_____   Y / N   _____
Email address   Login User?   Phone Numbers

_____   _____   _____   _____
Name   Relationship   Address   Skype Address

_____   Y / N   _____
Email address   Login User?   Phone Numbers

_____   _____   _____   _____
Name   Relationship   Address   Skype Address

_____   Y / N   _____
Email address   Login User?   Phone Numbers

Device List
Computer Platform: MSI _____   ASUS _____   COMO _____   TrilliBit _____

Medical Devices: Bluetooth Antenna   BP Device_____Cuff Size s/m/l Scale_____ Oximeter_____

          Glucometer device_____ Glucometer kit_____ Starter Kit _____ test strips_____lancet____ solution ____

ADL Devices: Z-Wave (Z-stick / Z-troller)   Inovonics   X10

          _____ Motion Sensors _____   _____ Motion Sensors _____
          Quantity   Model   Quantity   Model

          _____ Door/Win Sensors _____   _____ Door/Win Sensors _____ BED/CHAIR/FLOOR MAT _____
          Quantity   Model   Quantity   Model

          _____ Door/Win Sensors_____   _____ Door/Win Sensor _____MEDICATION BOX _____
          Quantity   Model   Quantity   Model

          _____ _____ _____   _____ _____ _____
          Quantity   Other Device   Model   Quantity   Other Device   Model

          _____ _____ _____   _____ _____ _____
          Quantity   Other Device   Model   Quantity   Other Device   Model

          _____ _____ _____   _____ _____ _____
          Quantity   Other Device   Model   Quantity   Other Device   Model