



Eevi Life
Level 6, 25 King Street
Bowen Hills QLD 4006

provisioning@eevi.life
1300 802 738

NEW Resident Monitoring Details

Village Name : _____

Nearest Cross Street: _____

Unit / Villa / Service Apartment Number: _____

Resident Name: _____

Access to your Premises, Medical and Emergency Contact Information

Access to my premises is via Hidden Key Safe: Yes No if NO continue to next section

IF village has Master Key please tick here

Village to advise location: _____ Code: _____

IF you have your OWN Hidden Key please tick here

Location: _____ Code: _____

Resident Medical & Emergency Contact Details

If you have a medical file which you keep on site which has up to date Medical and Emergency Contact Information and you would rather NOT supply it below; Please tick this box

Confirmation of Understanding;

1. I understand that the service relies on reliable mobile network coverage and uses the SIM card that is within the device to provide this access and coverage. In the event of a mobile network outage or unreliable mobile network coverage, my service will not work and that I should call 000 for emergency assistance.
2. I understand that it is my responsibility to ensure that my contact details, medical changes and Next of Kin are regularly verified and updated when necessary with Eevi Life.
3. I understand that, as part of the ongoing maintenance of the Monitoring Service, I am required to activate EACH pendant monthly and check-in with the Emergency Response Centre. It is my responsibility to choose an easy to remember date such as a birth date to do this monthly. ***If you have an eevi gateway (black gateway) this is not mandated by eevi as the gateway does self testing, however the Village you are in MAY mandate this test take place to keep you familiar in the operation of the gateway supplied.***

Signature: _____

Name: _____ Date: _____

Resident 1 - Male or Female

First Name: _____ Surname: _____

Preferred Name: _____ Date of Birth: ____ / ____ / ____

Please tick your preferred contact number

Mobile Phone Number: _____

Home Phone Number: (____) _____

Nominated Home Care Provider _____

Resident 1 Details - Medical Details *(please indicate all that apply)*

Weight Range up to 70kg 71kg to 100kg above 100kg

Blood Pressure Normal Low High Fluctuates

Diabetes Type 1 Type 2

OTHER Epilepsy Asthma History of falls History of Stroke Blood Thinners

Mobility Problems Arthritis Walking Stick Walking Frame Wheelchair

Allergies (specify): _____

Heart Problems (specify): _____

Breathing Problems (specify): _____

Life dependent medications (specify): _____

Other conditions (specify) : _____

Ambulance Cover Yes No

Name of Doctor (optional): _____

Contact phone number of Doctor: (____) _____

Preferred Hospital: _____

Resident 2 - Male or Female Is this resident your spouse? Yes No

First Name: _____ Surname: _____

Preferred Name: _____ Date of Birth: ____ / ____ / ____

Please tick your preferred contact number

Mobile Phone Number: _____

Home Phone Number: (____) _____

Nominated Home Care Provider _____

Resident 2 Details - Medical Details *(please indicate all that apply)*

Weight Range up to 70kg 71kg to 100kg above 100kg

Blood Pressure Normal Low High Fluctuates

Diabetes Type 1 Type 2

OTHER Epilepsy Asthma History of falls History of Stroke Blood Thinners

Mobility Problems Arthritis Walking Stick Walking Frame Wheelchair

Allergies (specify): _____

Heart Problems (specify): _____

Breathing Problems (specify): _____

Life dependent medications (specify): _____

Other conditions (specify) : _____

Ambulance Cover Yes No

Name of Doctor (optional): _____

Contact phone number of Doctor: (____) _____

Preferred Hospital: _____

Emergency Contacts

Please list details of people who have agreed to be contacted in the event you require assistance. Remember your nominated contacts should live within a reasonable distance, have a telephone and will be willing to respond in the event of an emergency if requested/required.

An Ambulance will be called if we cannot contact you, we will then contact the Village per the Village Protocol and any nominated keyholders as instructed.

1: First Name: _____ Surname: _____

Mobile Number: _____ Home Number: _____

Next of Kin: Yes No What is their relationship to you: _____

What is their travel time to your Unit/Villa/Serviced Apartment in minutes: _____

Do they have an access key to your home: Yes No Knows key hide

2: First Name: _____ Surname: _____

Mobile Number: _____ Home Number: _____

Next of Kin: Yes No What is their relationship to you: _____

What is their travel time to your Unit/Villa/Serviced Apartment in minutes: _____

Do they have an access key to your home: Yes No Knows key hide

3: First Name: _____ Surname: _____

Mobile Number: _____ Home Number: _____

Next of Kin: Yes No What is their relationship to you: _____

What is their travel time to your Unit/Villa/Serviced Apartment in minutes: _____

Do they have an access key to your home: Yes No Knows key hide

4: First Name: _____ Surname: _____

Mobile Number: _____ Home Number: _____

Next of Kin: Yes No What is their relationship to you: _____

What is their travel time to your Unit/Villa/Serviced Apartment in minutes: _____

Do they have an access key to your home: Yes No Knows key hide

Hardware - Village To Supply Details

Gateway on site: Yes / No Type: Evi Gateway (black) **OR** Smartlink Gateway (white)

Evi Gateway Serial Number (found on bottom)

Smartlink Sim Card serial number (found in the bottom of the gateway)

_____ ID in gateway _____