

# Are You O.K.?® Field Interview Form

Phone: ( ) -	Date: / /	Time to Call: :00 AM PM	Service Number:
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**Subscriber Name and Address:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

Apt. Bldg Name \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Doctor and Clergy:**

Doctor's Name \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Clergy's Name \_\_\_\_\_

Clergy's Phone \_\_\_\_\_

**In Case of Emergency, Notify:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**Next of Kin:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Key on Premises? **Yes No**      Location: \_\_\_\_\_

**Keyholder:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Pets? **Yes No**      Type and Location: \_\_\_\_\_

Live Alone? **Yes No**      Co-Residents: \_\_\_\_\_

### Medical History

Able To Walk? **Yes No**      List Physical Impairments: \_\_\_\_\_

Location of Medical History: \_\_\_\_\_

### Remarks

ANSWERING MACHINE?    YES    NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_