



Office Use Only

IMEI:

SEC:

## Belle Mobile PERS User Setup Form

Date \_\_\_\_\_

\* User First and Last Name \_\_\_\_\_

Gender ☐ Male ☐ Female

\* User Address \_\_\_\_\_

Apt/Suite # \_\_\_\_\_

\* City, State, Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions and Limitations \_\_\_\_\_

Prescription Medications and Location \_\_\_\_\_

Hidden Key or Lockbox Code and Location \_\_\_\_\_

Special Instructions \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

\* = *required field*

belle®



# Belle Mobile PERS Emergency Contacts Setup Form

These individuals will be notified during and/or after an emergency and when the Belle unit needs to be charged or powers off.

\* User First and Last Name \_\_\_\_\_

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

Landline? ☐ Yes ☐ No

Email Address \_\_\_\_\_

Send Low Battery and Power Off Alerts to: ☐ Email ☐ Text Message

Caregiver First and Last Name \_\_\_\_\_

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

Landline? ☐ Yes ☐ No

Email Address \_\_\_\_\_

Send Low Battery and Power Off Alerts to: ☐ Email ☐ Text Message

Is the contact is able to respond in the event of an emergency? ☐ Yes ☐ No

Caregiver First and Last Name \_\_\_\_\_

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

Landline? ☐ Yes ☐ No

Email Address \_\_\_\_\_

Send Low Battery and Power Off Alerts to: ☐ Email ☐ Text Message

Is the contact is able to respond in the event of an emergency? ☐ Yes ☐ No

Caregiver First and Last Name \_\_\_\_\_

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

Landline? ☐ Yes ☐ No

Email Address \_\_\_\_\_

Send Low Battery and Power Off Alerts to: ☐ Email ☐ Text Message

Is the contact is able to respond in the event of an emergency? ☐ Yes ☐ No

\* = required field

**\* I verify the above information is correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date