



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 _____

Enable fall detection ☐

Caregiver Login for Mobile Application

* Username/Email _____

* Password _____

* Password Reminder Question: Where were you born? _____

* Answer: _____

* = *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