

Personal Emergency Profile Form



IMPORTANT: Your Personal Emergency Profile (PEP) contains important information that can help you in an emergency. **Only complete this form if you will be using Urgent Response Service.**

- To ensure GreatCall receives your information quickly, we encourage you to use the online form available on your MyGreatCall account page at www.mygreatcall.com.
- If you do not have access to a computer, complete this form and mail it to:

GreatCall, Inc. | ATTN: Urgent Response Account Support | P.O. Box 4428 | Carlsbad, CA 92018

When completing this form, print in CAPITAL LETTERS and only write within the designated boxes.

General Information About the User

FIRST NAME	LAST NAME	TODAY'S DATE (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
HOME PHONE NUMBER	EMAIL ADDRESS	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> @ <input type="text"/>	
GENDER	DATE OF BIRTH (MM/DD/YYYY)	PRIMARY LANGUAGE (e.g. ENGLISH)
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
THIS PEP FORM IS FOR THE FOLLOWING DEVICE (select one only)		
<input type="checkbox"/> GREATCALL PHONE	<input type="checkbox"/> ONE-BUTTON SAFETY DEVICE	
GreatCall phone number	Serial number found on the back of the one-button safety device	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	

Emergency Contacts

I CHOOSE NOT TO PROVIDE EMERGENCY CONTACTS

The contacts you provide will be authorized to call Urgent Response on our behalf in an emergency, including requesting the device's current location.

CONTACT 1 (This contact may be called in the event of an emergency. A phone number is required.)

FIRST NAME	LAST NAME	RELATIONSHIP TO USER (e.g. BROTHER)
<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS	CITY	STATE ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PHONE NUMBER 1	DOES THIS PERSON LIVE WITH THE USER?	IS THIS PERSON AUTHORIZED TO MAKE CHANGES TO THE USER'S PROFILE?
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE NUMBER 2		
<input type="text"/> - <input type="text"/> - <input type="text"/>		

CONTACT 2

FIRST NAME	LAST NAME	RELATIONSHIP TO USER (e.g. BROTHER)
<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS	CITY	STATE ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PHONE NUMBER 1	DOES THIS PERSON LIVE WITH THE USER?	IS THIS PERSON AUTHORIZED TO MAKE CHANGES TO THE USER'S PROFILE?
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE NUMBER 2		
<input type="text"/> - <input type="text"/> - <input type="text"/>		

Please go to www.mygreatcall.com to confirm, update and add additional information including medications, medical conditions, physical conditions, doctors, hospitals, vehicles and frequented locations.