

INTRODUCTION TO CARE COMPANION

ThedaCare Medical Center – Wild Rose Care Companion is a personal emergency response system that helps elderly or disabled persons to maintain their independence. TCMC-WR provides Care Companion as a service to the community. The fee for this service is \$30 per month, due on the 1st of the month. There is no installation charge.

TCMC-WR Care Companion provides immediate 24-hour access to community medical services at the press of a button. Each subscriber has a TCMC-WR Care Companion Communicator installed in their home and a portable personal help button that can be worn as a necklace or as a wrist band. The personal help button is waterproof and is designed for day and nighttime wear. At the first sign of trouble, the person can push the personal help button which sends an electronic message, via the telephone, to the Call Center where trained personnel arrange for help.

At the Call Center, kept on file is the information for each subscriber, listing the person's name, address, telephone number, medical condition and the names of persons (Responders) to be called in an emergency. These responders are selected by you, the subscriber, and usually include neighbors, friends, and relatives. They are backed up by community service providers such as police, ambulance services, and fire fighters.

TCMC-WR Care Companion subscribers are more confident about living independently. Subscribers have used TCMC-WR Care Companion in cases of heart attacks, falls, strokes, emotional stress, robbery and assault. The TCMC-WR Care Companion program benefits the elderly and handicapped, their families, and their communities.

FOR FURTHER INFORMATION ABOUT THE CARE COMPANION PROGRAM, PLEASE CONTACT:

Kellie Donoho

Volunteer Services Coordinator

ThedaCare Medical Center – Wild Rose

PO Box 243

Wild Rose, WI 54984

Tel. # (920) 622-6041

TCMC-WR CARE COMPANION PROGRAM INFORMATION

*PLEASE COMPLETE THIS FORM AND RETURN TO:
TCMC-WR / CARE COMPANION PROGRAM
Attn: Kellie Donoho
PO BOX 243
WILD ROSE, WI 54984

Your Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Home Phone: _____ County _____

A responder is someone selected by you and usually includes neighbors, friends, and/or relatives who will be able to enter your house quickly in the case of an emergency.

RESPONDER #1

Name: _____

Address: _____
Street City State Zip

Home Phone #: _____ Work Phone #: _____

*Approximately how many minutes will it take Responder #1 to arrive _____

*Will they have a key? _____ YES _____ NO

RESPONDER #2

Name: _____

Address: _____
Street City State Zip

Home Phone #: _____ Work Phone #: _____

*Approximately how many minutes will it take Responder #2 to arrive _____

*Will they have a key? _____ YES _____ NO

RESPONDER #3

Name: _____

Address: _____
Street City State Zip

Home Phone #: _____ Work Phone #: _____

*Approximately how many minutes will it take Responder #3 to arrive _____

*Will they have a key? _____ YES _____ NO

Hospital you normally go to:

Name	Address	City	State	Phone #
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Your primary physician's information:

Name	Address	City	State	Phone #
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Allergies: _____

Medical Problems: _____

Next of Kin: _____ Relationship _____

Phone number of Next of Kin: _____

Because the Care Companion Unit utilizes your existing telephone lines **(CELL PHONES WILL NOT WORK, HAS TO BE LANDLINE)**, the following information is needed:

1. Number of desk phones _____ Wall Phones _____ Total number of phones _____

2. How many phones are rotary (dial)? _____

3. How many phones are touch tone? _____

4. Are you on a private line? _____

5. Are you on a party line? _____

6. Do you have a long distance block on your phone? _____

7. Do you have an electrical outlet within 4 feet of your phone? _____ **THIS IS REQUIRED.**

8. Would you prefer a necklace, bracelet, or watch for your button?

____Necklace____Bracelet

9. Do you have any pets? _____ Dog (s) _____ Cat (s) _____ Other