



## Oregon Referral Form

Please don't hesitate to call our office if you have any questions.  
Phone 503.476.3013 Fax the completed form to: Fax 877.310.9255  
or E-mail Oregon.usa@ConnectAmerica.com

Referral Date: \_\_\_\_\_

Please let me know status of referral via:

From: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Potential Client Being Referred Wants to Order Wants more Information

Yes, I have confirmed with the potential client or contact person that Connect America will be contacting them about services.

Client Name: \_\_\_\_\_ DOB (Mo/Day/Year): \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Lot #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Medicaid/Prime #: \_\_\_\_\_

Key Contact/Caregiver: \_\_\_\_\_ Phone #: \_\_\_\_\_

Can client be contacted directly?  Yes  No

Client Information (optional):  Limited Mobility  Diabetes  History of Falls  High Blood Pressure  
 Breathing Problems  Lives Alone  Heart Problems  Kidney Issues

**Any additional information regarding this client that would assist us with the installation?**

### Type of Equipment Needed

#### Personal Emergency Response System (PERS) - Medical Alarms

- Landline Home Based PERS (*standard alarm, connected to home phone line*)
- Wireless Home Based PERS (*no land line or cell phone needed*)
- "Belle" Mobile PERS – portable medical alarm (*shower-proof, monthly charging*)
- "MSD" Mobile PERS – portable medical alarm (*GPS, fall detection capability*)
- Fall Detection (available for landline, wireless home based or MSD units)
- Second pendant (available for more than one person at location)

#### Medication Management Tools

- Maya– medication dispenser, up to 4 x daily dosing

Who will handle the  
medication for this client?

\_\_\_\_\_  
Phone #: \_\_\_\_\_