

**TELECARE APPLICATION FORM**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Date Of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_ PCP's Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

PCP's Address: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Please list the names, addresses, and telephone numbers of two neighbors or relatives who will be available to make a house check if there is a need for one.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone/Alternate Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Does this person have a key to your home? YES NO

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone/Alternate Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Does this person have a key to your home? YES NO

Relatives to contact in town (if different from above):

1. Name: \_\_\_\_\_ Home# (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell/Alt # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_ Home# (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell/Alt # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Are you presently under a doctor's care for any of the following?**

**(PLEASE CIRCLE ALL THAT APPLY)**

**1. HEART TROUBLE 2. ULCERS 3. POOR CIRCULATION 4. DIABETES 5. STROKE**

**6. HIGH BLOOD PRESSURE 7. OTHER (PLEASE SPECIFY) \_\_\_\_\_**

List Medications Taken Regularly: \_\_\_\_\_ Agency/Person that Referred You: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your interests/hobbies? \_\_\_\_\_

**I FULLY UNDERSTAND THAT I AM ASKING TELECARE TO CONTACT ME EACH WEEKDAY UNLESS OTHERWISE NOTED. I AUTHORIZE TELECARE/CRISIS LINE OF DANVILLE-PITTSYLVANIA COUNTY TO TAKE WHATEVER STEPS ARE NECESSARY IN THE EVENT OF AN EMERGENCY. I UNDERSTAND THAT I WILL BE CONTACTED BY TELECARE ONCE MY APPLICATION HAS BEEN RECEIVED AND REVIEWED TO ESTABLISH THE TIME AND DAYS FOR THEM TO CONTACT ME.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**