



The most important call you'll ever make

800 Village Square Crossing, Unit 314
Palm Beach Gardens, FL 33410
TEL. 1-866-220-1212
FAX. 561-744-0669
info@lifecall.com

www.LifeCall.com

LifeCall, LLC

Personal Emergency Response System
Assessment/Evaluation

- Reduce the Risk of Hospitalization -
Studies show that if you can get help within 1 hour
following an emergency there is a 90% chance that
you will maintain your independence. Some call this
the Golden Hour.

Client/Patient Info:

NAME: _____

ADDRESS: _____

PHONE: _____

PHONE SERVICE PROVIDED BY: _____

CONTACT: _____
(If different from customer.)

PHONE: _____

PERS is a 2-way communicator that works much like a
speaker phone and comes complete with a remote
waterproof Help Button that is worn on the wrist or as a
pendant around the neck.

Included with PERS:

- Access to the 24/7 LifeCall Response Center
• Easily transferable for snow birds
• No long term contract
• No penalty to discontinue

ASSESSMENT: (complete evaluation on the reverse side
before completing this section of worksheet)
A Personal Emergency Response System is / is not(circle one)
recommended.
Reviewed by _____ Date _____
Company/Agency _____
Phone _____

Place scores in left hand boxes and total all boxes in final frame indicated **Total**
 (All checked boxes are one (1) point unless otherwise indicated)

	Do you live alone?
	(If the answer to #1 is ño.ö) Are there periods of the day or week when your caregiver is away, and you are alone?
	Have you fallen inside or outside your residence at least one time during the past 3 years?
	Are there times when you feel weak or dizzy?
	Are you worried that you may fall and not be able to call for help?
	Do you worry about taking a shower or bath alone? (falling, getting ill, etc.)
	Do you have one or more of these ailments? (Check all that apply– Score 1 point each) Arthritis Chronic Obstructive Pulmonary Disease (COPD) Congestive Heart Failure (CHF) Diabetes Hypertension or high blood pressure Low vision or visually impaired Osteoporosis Stroke
	Are you concerned that you may have a reaction to medication and not be able to get help? (example: insulin)
	Were you hospitalized or taken to the emergency room during the past 2 years?
	Do you use a cane, walker, wheelchair, stair climber, or other device to help you balance or walk?
	Are you afraid that someone may hurt you physically or break into your home?
	Do you feel unsafe in your neighborhood?
	How much difficulty do you currently have bending over from a standing position to pick up something without having to hold onto anything? Circle one: (I can't! + 3 Points) (A lot! +2 Points) (Sometimes +1 Point) (None +0 Points)
	How much difficulty do you have carrying something in your arms while climbing stairs? (Laundry basket, etc.) Circle one: (I can't! + 3 Points) (A lot! +2 Points) (Sometimes +1 Point) (None +0 Points)
	How much difficulty do you have walking up or down inclines? Circle one: (I can't! + 3 Points) (A lot! +2 Points) (Sometimes +1 Point) (None +0 Points)
	How difficult is it to walk several blocks without assistance of some kind? Circle one: (I can't! + 3 Points) (A lot! +2 Points) (Sometimes +1 Point) (None +0 Points)
	How difficult is it for you to stand up from a soft couch? Circle one: (I can't! + 3 Points) (A lot! +2 Points) (Sometimes +1 Point) (None +0 Points)
Total	Recommendation: (0-3 May not need PERS) (4-7 May need PERS) (8-10 Likely needs PERS) (11-15 Probably needs PERS) (16 and above Definitely should have PERS)

Please fill in **TOTAL** score and refer to the **Recommendation** section above. Complete the evaluation by filling in the **ASSESSMENT** section on the front side of this worksheet

