



Hawaii Referral Form

Please don't hesitate to call our office if you have any questions.
Phone 808.721.1201 Fax the completed form to: Fax 808.356.1907
or E-mail Hawaii.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 #: _____