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E-Mail: info@mthommed.com / Website: www.mountainhomemedical.com

Referral Date: _____

From the Desk of:

Case Manager: _____ Agency: _____ Email: _____

Client Name: _____ Medicaid State ID: _____

Address: _____ Apt./Lot #: _____

City: _____ State: _____ Zip: _____

Mailing Address/PO Box: _____

Client or Contact Email Address: _____

Phone #: _____ DOB (Mo/Day/Year): _____

Key Contact: _____ Phone #: _____

Can client be contacted directly? Yes No

Is there a delayed installation date? Yes No If so, when? _____

Is there any additional information regarding this client that would assist us with the installation?

Type of Equipment Needed

Personal Emergency Response System (PERS) - Medical Alarms

- PERS (standard "lifeline" connected to home phone line)
- Wireless Home Based PERS w/ pendant (no land line or cell phone needed)
- Wireless Home Based PERS with Fall Detection
- Mobile Care – portable medical alarm with GPS
- Mobile Care w/ fall detection (unit is currently unavailable, please contact the office for assistance)

Medication Management Tools

- Maya – Monitored, Wireless Pill Box
- Maya2 – Locked, Monitored, Wireless Pill Box
- Maya Plus – Maya plus Wireless PERS
- MedReady Medication Dispenser (non-monitored)
- MedReady Medication Dispenser (monitored)
- MD2 non-monitored – No phone line
- MD2 monitored (landline required)
- Medication Phone Reminders

Who will handle the medication for this client?

Phone #: _____

TelCare and Disability Adapters

We have a variety of sensors and switches, such as wandering client sensors and plate and pillow touch switches. Please contact our office for more information.