

Needs Assessment Form

Do You or A Loved One Need a Medical Alert System?

15 KEY QUESTIONS TO DETERMINE YOUR LEVEL OF RISK

As an experienced industry leader on personal emergency response systems (PERS) for seniors and persons at risk, LifeCall is often asked, "When do I know if it's the right time to get a medical alert system for myself or a loved one?" We recommend that anyone considering this question ask themselves 15 key qualifier questions to identify their level of risk and readiness for a medical alert system.

REDUCE THE RISK OF HOSPITALIZATION

Studies show that if you receive professional medical attention within one (1) hour following an emergency there is a significantly higher chance you will be able to maintain your independence. Some call this the "Golden Hour."

Activities of Daily Living

1. Are you aged 65 or older? YES NO
2. Do you live at home alone or do you reside in an independent living community (or desire living independently)? YES NO
3. Are you alone at home for several hours during the day or night? YES NO
4. Do you require assistance with daily activities such as meal preparation, bathing, dressing or making a phone call YES NO

Medical Condition

5. Are you required to take two or more medications or prescriptions every day? YES NO
6. Do you experience dizziness or lightheadedness when you get in and out of a chair, sofa or bed? YES NO
7. Do you or suffer from a chronic ailment (i.e. heart disease, COPD, stroke, diabetes, arthritis, hearing impairment, etc.)? YES NO
8. Have you been hospitalized or admitted into an emergency room in the past year? YES NO

9. Are you recovering from a surgical procedure and/or returning from day care/rehabilitation/physical therapy? YES NO

Ambulation & Mobility

10. Have you fallen in the past year? Have you had more than one fall over the past three years? YES NO
11. Do you have problems using steps, standing up, or walking around furniture? YES NO
12. Do you use a cane, walker or other assistive medical devices for balance and moving around? YES NO

Anxiety & Stress

13. Are you anxious about falling when you're alone – especially in the shower? YES NO
14. Are you anxious about falling and being unable to reach the phone to call for help? YES NO
15. Are your family member caregivers worried they can not monitor you and/or be with you 24/7 when you have a medical emergency at home alone? YES NO

How to Score Your Needs Assessment Form

Answer YES or NO to each question that applies and then total the YES answers. Your level of risk – and your readiness for a Medical Alert system – is explained below based on what family members, nurses, physicians and other professional caregivers would most likely recommend as your current level of need.

0-3 | MINIMAL RISK

Negligible need for system. May help maintain or improve independent lifestyle

4-7 | AT RISK

Moderate need for system to maintain independence & provide peace of mind against the unexpected

8-11 | HIGH RISK

Pressing need for system. Significant risk of incident(s) that can cause safety concerns

12-15 | ACUTE RISK

Urgent need for system to reduce risk of fall, serious medical situation, or even hospitalization

RECOMMENDED: LifeCall Basic System

RECOMMENDED: LifeCall Advanced System with FallAlert™