

Are You O.K.?® Field Interview Form

Phone: () -	Date: / /	Time to Call: :00 AM :00 PM	Service Number:
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NOTE: Applicants must use their 911 address. If unknown, please let us know and we will obtain it for you. 607-746-2336

Subscriber Name and Address: Last Name _____ First Name _____ M.I. _____ Street Address _____ Apt. Bldg. Name _____ Apt. # _____ City _____ State _____ Zip Code _____	Doctor and Clergy: Doctor's Name _____ Doctor's Phone _____ Clergy's Name _____ Clergy's Phone _____
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In Case of Emergency, Notify: Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____	Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____
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Next of Kin: Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____	Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____
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Key on Premises? Yes No	Location:
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Keyholder: Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____	Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____
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Pets? Yes No	Type and Location:
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Live Alone? Yes No	Co-Residents:
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Medical History

Able To Walk? Yes No	List Physical Impairments:
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Location of Medical History:

Remarks

_____ _____ _____ _____ _____
