

Apply for a MidCare Alarm

Who will be using the service?

Name

Date of Birth

Address

Tel number (home)

(mobile)

GP Practice

How can Midcare help?

- To support in case of a fall. Yes No
- To support in case of wandering. Yes No
- To support with fires/gas in the house. Yes No
- Other reason:

Does the person have medical or communication issues?

Who can help in an emergency?

This could be a friend, family member or neighbour. They must be able to help in an emergency and hold a key for the property.

Key contact 1:

Name _____ Date of Birth _____

Address _____

Tel number (home) _____ (mobile) _____

Relationship to you _____

Key contact 2:

Name _____ Date of Birth _____

Address _____

Tel number (home) _____ (mobile) _____

Relationship to you _____

If someone other than the person applying for the service has completed this form, please let us know:

Name _____ Relationship to person _____

Tel number (home) _____ (mobile) _____

Please return this form to Health and Social Care, Midlothian Council, Fairfield House, 8 Lothian Road, Dalkeith, EH22 3ZH