



## Senior Living Nurse Call System Configuration Questions

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

What type of facility is this? \_\_\_\_\_

Your Name (Person filling this out): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

We offer many options to custom tailor to fit the individual needs of each facility. These basic configuration questions will assist us in designing your system.

1. How many patient rooms? .....
2. How many beds per patient room? .....
3. Is there a restroom in each patient room? .....
4. Are there additional public restrooms to be covered? ..... Yes          No
  - a. If yes, how many? .....
5. How many patient rooms per nurse's station? .....
6. How many total nurse's stations? .....
7. Are additional zone lights needed? .....
8. Are additional duty stations needed for tone? .....
9. Is this replacing an existing system? ..... Yes          No
  - a. If yes, what brand of system are you replacing?  
(Ex. Rauland, Dukane, Jeron, Executone) ..... \_\_\_\_\_
10. Are you using new wire or retrofitting? ..... New wire          Existing wire
11. Is central annunciation required? ..... Yes          No
12. Is detailed reporting required? ..... Yes          No
13. Are additional special displays needed? ..... Yes          No
14. Share any additional notes that would be relevant to the design of the system.

