

Dells-Delton EMS File of Life Form

Please fill out in pencil so changes can be made as needed

Date when last changed/updated: _____ Sex: M / F

Name: _____ Phone #: _____

Addr: _____ Cell #: _____

City/St/Zip: _____

Birth date: _____ Soc. Sec. # (Opt.): _____

Religion: _____ Blood Type: _____

Doctor: _____ Phone #: _____

Doctor: _____ Phone #: _____

Hospital Preference: _____

MEDICAL INSURANCE

Medicare #: _____ Medicaid #: _____

Medical Ins. Co: _____

Policy/ID #: _____ Group: _____

Medicare Part D Provider: _____

EMERGENCY CONTACTS

Name: _____ Phone #: _____

Addr: _____ Cell #: _____

City/St/Zip: _____

Relationship: _____ Email: _____

Name: _____ Phone #: _____

Addr: _____ Cell #: _____

City/St/Zip: _____

Relationship: _____ Email: _____

ALLERGIES TO MEDICATIONS (Check all that exist)

No Known Allergies Other: _____

Aspirin Codeine Insect bite/sting Penicillins

Bacitracin Erythromycins Latex Streptomycin

Barbiturate Demerol Lidocaine Sulfa

Cephalosporins Eggs Morphine Tetracyclines

Ciprofloxacin Horse Serum Novocain X-Ray Dyes

Environmental: _____

Food: _____

MEDICAL CONDITIONS (Check all that exist)

- No Known Medical Conditions
- Abnormal EKG Clotting disorder HIV/AIDS Speech Impairment
- Adrenal Insufficiency Dementia Hypoglycemia Stroke
- Alzheimer's Diabetes Laryngectomy Thyroid Disorder
- Angina Fractures Leukemia Tuberculosis
- Angioplasty/Stents Memory Impairment Lymphoma Vision Impairment
- Asthma Hearing Impairment MS Anxiety
- Bleeding Disorder Heart Attack Myasthenia Gravis Depression
- Coronary Bypass Graft Hemodialysis Pacemaker Bipolar
- COPD/Emphysema High Blood Pressure Seizures Schizophrenia
- Anemia – type: _____ Hepatitis – type: _____
- Arthritis – type: _____
- Cancer – type: _____
- Other: _____

Recent Surgery: _____ Date: _____
 Recent Surgery: _____ Date: _____
 Recent Surgery: _____ Date: _____

CURRENT MEDICATIONS

Medication/Supplement	Dosage	Frequency	Medical Condition

Pharmacy: _____ Phone #: _____
 Health Care Directive on file at: _____
 DNR/DNI form? YES NO - Location : _____
 Special Conditions: _____

Comments/Additional Info: _____

Instructions for Completing the File of Life Form

What is the “File of Life”

- Is for use at time of an emergency
- Has important medical and other information that is helpful if you are transported to an Emergency Room

What information should you supply

- It is up to you – supply as much information as you are comfortable to share
- Leave blank any info you don't want to share
- Review form at least once a year and make necessary changes
- Update form whenever any of the information changes such as medications, phone numbers, surgeries, diagnosed conditions, insurance, and etc.

Form to fill out

- Use a pencil so it is easy to update with changes
- Personal information
- Medical insurance information
- Emergency contact information
- Allergy information
- Diseases/conditions information
- Medication information
- Other pertinent information

Place on Refrigerator

- Put in an envelope marked “FILE OF LIFE”
- Use magnet or tape to attach to front of refrigerator
- Paramedics will look for the File of Life on your refrigerator

Why it's a good idea

- Saves time in an emergency
- Information there even if you are unable to answer questions

Who should have one

- Everyone – nobody knows when the information might be needed
- One form per person
- Even if you have no allergies, no medications, no diseases – it is important for emergency room doctor to know that
- No age limit – anybody of any age may need emergency care

Make a copy and put with your emergency kit and your Advanced Directive