

FILE OF LIFE

INSTRUCTIONS

The File of Life kit enables emergency medical personnel to quickly locate helpful information regarding your medical history in a time of crisis. **It is very important that you keep this information current, accurate, and placed in a prominent spot on your **REFRIGERATOR**.**

HOW TO USE THE FILE OF LIFE

1. Please fill out the File of Life form completely.
2. Fold the File of Life form and place it inside a sealed plastic pouch.
3. Enclose in the pouch a copy of any Advanced Directives (DNR, Living Will, etc.) that you wish to be followed.
4. Place the File of Life pouch on the door of your **REFRIGERATOR**.

**This is a fillable form. Tab to each field and type the information, OR print legibly.
Complete a separate form for each member of the household**

PERSONAL INFORMATION

Name: _____ DOB: _____
Address: _____ Gender: Male Female
City: _____ State: _____ Zip Code: _____
Phone #: () _____ Hospital Preferred: _____
Primary Language: _____ Weight: _____ lbs (or) _____ kg
Medical Insurance: _____ Insurance # _____
Advanced Directive (DNR, Living Will, Durable Power of Attorney): Yes No
(Please place copies of all completed Advanced Directive forms in file of life pouch)
Doctor's Name: _____ Phone: () _____
Date File of Life Form Completed: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____
Address: _____ Phone #: () _____
Name: _____ Relation: _____
Address: _____ Phone #: () _____

