



L.I.F.E. FILE

LIFESAVING INFORMATION FOR EMERGENCIES

INSTRUCTIONS

1. Please fill out the L.I.F.E. File form completely.
2. Fold the L.I.F.E. File form and place it inside the magnetic pouch.
3. Enclose copies of any Advanced Directives (DNR, POLST, Living Will, etc.) in the pouch.
4. Place the L.I.F.E. pouch on the door or side of your REFRIGERATOR.
5. For more information or to download a new form, go to www.sjff.org/lifefile

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, POLST, Living Will, Durable Power of Attorney): Yes No
For further information on Advanced Health Care Directives, visit www.sccemsagency.org
Doctor's Name: _____ Phone: (____) _____

MEDICAL HISTORY

MEDICAL CONDITIONS (check all that apply): Stroke Heart/Cardiac Dementia
 Diabetes COPD Asthma Emphysema High Blood Pressure Seizures

OTHER CONDITIONS (Medical or Surgical): _____

Dialysis Schedule (please circle): Mon Tues Wed Thurs Fri Sat Sun AM PM

Dialysis Shunt: Left Right Both

ALLERGIES (Medication or Environmental): _____

