

File of Life Instructions:

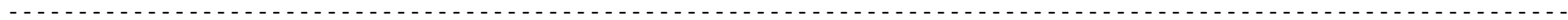
Step 1: Fill out the form completely.

Step 2: Supply an emergency contact person who will know where your important healthcare papers are located. For example, your Advanced Directives.

Step 3: Date the form and remember to update it when you receive new medicines or a new diagnosis from your doctor.

Step 4: Remove these instructions by cutting along the dotted line.

Step 5: Fold this form in thirds so the Monarch Fire Protection District logo is on top and place the form on your refrigerator or freezer. This will be where First Responders look for your health information.



MEDICAL HISTORY CONTINUED		
	Y	N
Hepatitis		
HIV		
Tuberculosis		
MRSA		
C-Diff		
Pacemaker		
Defibrillator		
Recent Surgery		
Type:		
Cancer		
Type:		
Other:		
Other:		
Other:		
Other:		
Blood Type:		
Medication Allergies		
Latex		
Other:		
Other:		
Other:		
Other:		

MEDICATIONS			
Name			
Dosage		Frequency	
Name			
Dosage		Frequency	
Name			
Dosage		Frequency	
Name			
Dosage		Frequency	
Name			
Dosage		Frequency	
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Dosage		Frequency	
Name			
Dosage		Frequency	
Name			
Dosage		Frequency	

FILE OF LIFE



IN AN EMERGENCY

CALL 911

Non-Emergency Number:

(314) 514-0900

PATIENT INFORMATION			
Name			
Age		DOB	
SSN			
Address			
City			
State			
Zip Code			
Weight			
Primary Physician:			
Primary Physician Phone #:			
Hospital Preference:			
INSURANCE INFO			
Company:			
Number:			
Medicaid/Medicare Number:			

EMERGENCY CONTACTS	
Name	
Relationship	
Phone #1	
Phone #2	
Name	
Relationship	
Phone #1	
Phone #2	
Name	
Relationship	
Phone #1	
Phone #2	

ADVANCED DIRECTIVES			
Do Not Resuscitate?			
	YES	NO	
Location?			
Power of Attorney?			
	YES	NO	
Location?			

MEDICAL HISTORY		
	Y	N
High Blood Pressure		
Low Blood Pressure		
Cardiac Disease:		
Angina		
Atrial Fibrillation		
Cardiac Bypass		
CHF		
Heart Attack		
Stent		
Lung Disease:		
Asthma		
COPD		
Other:		
Alzheimer's		
Anxiety		
Dementia		
Depression		
Diabetes		
Seizures		
Stroke/CVA		



IN AN EMERGENCY CALL **911**

Non-Emergency Number: (314) 514-0900

Thank you for participating in our File of Life program. This life saving program will shave precious minutes off of the time it takes us to care for you in an emergency. The information you provide on this form is private and should be kept folded up in the frame provided. Should First Responders retrieve this form, rest assured that your private health information will only be shared with those responsible for your care.