

Last updated _____ ?final?

EMERGENCY INSTRUCTIONS to upgrade **FILE OF LIFE** for use by emergency personnel **regarding medical needs** plus instructions to authorities, family and friends regarding **other needs** including final arrangements for the person named on this page. All portions of this form are optional but the medical data is most important when help is needed. **KEEP INFORMATION UP TO DATE**

Full Name _____ Street/City _____

Gender: M () F () ; Date of Birth / / ; Married () Single () ; Social Security # _____

Emergency Contacts: (Kinsmen, Friends, Neighbors having ability to enter residence)

Name: _____ Home phone # _____ Address _____

Name: _____ Home phone # _____ Address _____

Name: _____ Home phone # _____ Address _____

Name: _____ Home phone # _____ Address _____

Medical data. (suggest use of pencil allowing changes); Last updated Month _____ Year _____ ; Blood type _____

Doctor & type; _____ Phone # _____

Doctor & type; _____ Phone # _____

Doctor & type; _____ Phone # _____

Special Conditions/Remarks: _____

Medical problems	Medication	Dosage	Frequency

Recent Surgery: _____

Religion: _____ Living Will on file at: _____ Durable Power Attorney at: _____

Do you have a current **DNR** form? Yes () No () Where located _____

Do you have instructions regarding **Organ donation**? Yes () No () Where located _____

Medical conditions (check all that exist)

<input type="checkbox"/> No known medical conditions	<input type="checkbox"/> Eye Surgery	<input type="checkbox"/> Memory Impaired
<input type="checkbox"/> Abnormal EKG	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Myasthenia Gravis
<input type="checkbox"/> Adrenal Insufficiency	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Pacemaker
<input type="checkbox"/> Angina	<input type="checkbox"/> Heart Valve Prosthesis	<input type="checkbox"/> Renal Failure
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hemodialysis	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Hemolytic Anemia	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Cardiac Dysrhythmia	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Stroke
<input type="checkbox"/> Cataracts	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Vision Impaired
<input type="checkbox"/> Clotting Disorder	<input type="checkbox"/> Laryngectomy	Other
<input type="checkbox"/> Coronary Bypass Graft	<input type="checkbox"/> Leukemia	Other
<input type="checkbox"/> Dementia () Alzheimer's ()	<input type="checkbox"/> Lymphomas	
<input type="checkbox"/> Diabetes/Insulin Dependant	<input type="checkbox"/> Malignant Hypothermia	

Allergies (check all that exist)

<input type="checkbox"/> No Known Allergies	<input type="checkbox"/> Demerol	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Novocain	<input type="checkbox"/> X-Rays Dyes
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Environmental - - -	<input type="checkbox"/> Latex	<input type="checkbox"/> Penicillin	Other
<input type="checkbox"/> Barbiturates	[]	<input type="checkbox"/> Lidocaine	<input type="checkbox"/> Sulfa	Other
<input type="checkbox"/> Codeine	<input type="checkbox"/> Horse Serum	<input type="checkbox"/> Morphine	<input type="checkbox"/> Tetracycline	

Medical Insurance

Med Ins Co: _____ Policy # _____

Other Med Ins Co: _____ Policy # _____

Pharmaceutical Ins Co: _____ Policy # _____

Dental Ins Co: _____ Policy # _____

Medicare #: _____ Medicaid # _____

Ways to access residence. Use contacts on page one for **Key or lockbox** location and **code**, for access to house and personal security system. If emergency personnel must use forced entry resulting in an unsecured unoccupied premises, such personnel are requested to notify such contacts as listed herein. The same shall apply for pets listed below.

Immediate instructions for pet care/disposition. The type and number of pets in the house and location if not visible.

Number of dogs ____ ; number of cats ____ ; other _____ ; Are any under quarantine or any other restrictions No () If Yes () explain _____

Local animal control telephone # _____ Address _____

Vehicle information, Identity, alarms, instructions, keys, and locations if off residential premises

Make _____ Model _____ License _____ Key and alarm information contact # _____

Make _____ Model _____ License _____ Key and alarm information contact # _____

Make _____ Model _____ License _____ Key and alarm information contact # _____

Instructions: _____

SEE FOLLOWING PAGE (3 OF 3) FOR MORE PERSONAL INFORMATION AND INSTRUCTIONS THAT ONE MIGHT **NOT** WANT TO MAKE AVAILBLE TO EMERGENCY PERSONNEL AND OTHERS WHO HAVE EASY ACCESS TO **THE FRONT OF THEIR REFRIDGERATER DOOR** - WHICH IS THE SUGGESTED LOCATION FOR THE MEDICAL INFORMATION APPEARING ON **PAGES 1 of 3 and 2 of 3.**

Instructions can be written here or on **page 3 of 3** describing the location and method of accessing important non-medical emergency information.