



L.I.F.E. File

LIFESAVING INFORMATION FOR EMERGENCIES



INSTRUCTIONS

L.I.F.E. File 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 location on your **REFRIGERATOR**.

1. Please fill out the L.I.F.E. File form completely in English.
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 front or side of your **REFRIGERATOR**.

The L.I.F.E. File kit is available free as a public service from Santa Clara County Emergency Medical Services. You may obtain the kit by contacting your local fire department or Santa Clara County Ambulance. For a blank L.I.F.E File form, visit Santa Clara County EMS at www.sccemsagency.org

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: () _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Address: _____ Phone #: () _____

Name: _____ Relation: _____

Address: _____ Phone #: () _____

Date Form Completed: _____

Date Form Updated: _____

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): _____

MEDICATIONS

MEDICATION NAME	DOSAGE	FREQUENCY

Additional Information: *(Please write any comments or instructions, which would be helpful to emergency responders in assisting during a personal emergency)*

