

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 <u>www.sccemsagency.org</u>

	PERSONAL INFORMATION	N	
Name:		DOB:	
City:	State:	Zip Code:	
Phone #:	Hospital Preferred:		
Primary Language:		Weight: <u>lbs</u> (or) <u>kg</u>	
Medical Insurance:		Insurance #	
	POLST, Living Will, Durable Power of A vanced Health Care Directives, visit <u>www.s</u>		
Doctor's Name:	Phone:		
Еме	RGENCY CONTACT INFORM	MATION	
Name:	Relatio	Relation:	
Address:	Phone		
Name:	Relation:		
		#:	
ate Form Completed:	Data E	orm Undated:	

Name:

MEDICAL HISTORY

	MEDICAL INCI OKI			
-	neck all that apply): □ Stroke □ sthma □ Emphysema □ High B			
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	MEDICATIONS	FREQUENCY		
MEDICATION NAME		FREQUENCY		
MEDICATION NAME		FREQUENCY		
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emergency responders in assisting during a personal emergency)