

Lifesaving Information For Emergencies (L I F E)

L I F E helps emergency medical personnel to quickly obtain information regarding a person's **medical** history in a time of crisis.

Instructions for L I F E form:

It is important that you keep this information current, accurate, and placed at the specified location

1. Please fill out the **L I F E** form completely; there are two pages
2. Attach copies of any **Advanced Directives** (DNR, POLST, Living Will, Durable Power of Attorney, etc.)
3. Attach photo picture of person, if available. Helps match **L I F E** form to person
4. Place **L I F E** form and attached **Advanced Directives** on the door or side of your **REFRIGERATOR**. If there are several persons' **L I F E** forms, put all of them in one envelope, label envelope **L I F E**, then put envelope on top or side of **REFRIGERATOR**

Personal

Name _____ DOB _____

Male Female Weight _____ lbs kg Age _____

Language _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Place Picture Here

Advanced Directive Attached : Yes No (DNR, POLST, Living Will, Durable Power of Attorney)

Doctor's Name _____ Phone _____

Hospital Preferred _____

Medical Insurance _____ Insurance # _____

Emergency Contact Information

Name _____ Relation _____

Address _____ Phone _____

Name _____ Relation _____

Address _____ Phone _____

MEDICAL CONDITIONS (check all that apply)

Stroke Heart/Cardiac Dementia Diabetes COPD

Asthma Emphysema High Blood Pressure Seizures

OTHER CONDITIONS (Medical or Surgical) _____

Date Form Updated: _____

Allergies (Medication or Environmental)

Medications

Medication Name	Dosage	Frequency

Dialysis

Schedule (please circle):	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	AM	PM
Shunt (please circle):	Left	Right	Both						

Additional Information (Write any information, helpful to emergency responders)
