File of Life Program

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: Fold this form in thirds so the Fenton 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.

Step 4: Use the QR code to fill out the form electronically or download the form off of our website. www.fentonfire.org

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	
Name			
Dosage		Frequency	
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Name			
Dosage		Frequency	
Name			
Dosage		Frequency	
Name			
Dosage		Frequency	

FENTON FIRE 13 DISTRICT EST. 1932

FILE OF LIFE

IN AN EMERGENCY

Call 911

For general questions.
Non-Emergency Number:
(636) 343-4188

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		

Date:

In an emergency, every minute matters. Your File of Life gives firefighters and paramedics important information about your health, medications and emergency contacts so we can provide you with the best care as quickly as possible.
The information on this form is **private.** Please keep the form folded and stored on your refrigerator. This information will only be shared with those directly involved in your care.

Keeping your File of Life up to date helps us help you when every minute counts.