

File of Life

Dial 911 in an Emergency!

Date: _____ Revised Date: _____ Revised Date: _____

Personal Information

Last Name			First Name		Middle Initial
Date of Birth	Sex	Weight	Blood Type	Race	
Address			City	Zip	
Social Security Number			Phone	Hospital of Choice	
Primary Insurance Co.			Secondary Insurance Co.		
Primary Insurance Numbers & Group			Secondary Insurance Numbers & Group		

Past Medical History

Allergies	Cardiac	Surgery	Chronic Problems	
<input type="radio"/> None <input type="radio"/> Unknown Medical Allergies: _____ _____ _____ _____ _____ _____	<input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Angina <input type="radio"/> Arrhythmia <input type="radio"/> Cardiomyopathy <input type="radio"/> CHF <input type="radio"/> Congenital <input type="radio"/> Implanted Defib <input type="radio"/> MI Other _____ _____	<input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Abdominal <input type="radio"/> Heart <input type="radio"/> Lung <input type="radio"/> Neurological Other _____ _____ _____ _____	<input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Asthma <input type="radio"/> Bleeding Disor. <input type="radio"/> Cancer <input type="radio"/> COPD <input type="radio"/> CVA / TIA <input type="radio"/> Diabetic <input type="radio"/> Dialysis/Renal <input type="radio"/> Gastrointestinal Other _____ _____	<input type="radio"/> Headaches <input type="radio"/> Hepatitis <input type="radio"/> HIV + <input type="radio"/> Hypertension <input type="radio"/> Paralysis <input type="radio"/> Psychological <input type="radio"/> Seizures <input type="radio"/> Substance Abuse <input type="radio"/> TB <input type="radio"/> Mersa/VRE

Current Medications

None Unknown

Emergency Contact Information

Primary Physician	Physician Phone Number
Primary Contact Name & Relationship	Primary Contact Phone Numbers
Secondary Contact Name & Relationship	Secondary Contact Phone Numbers

Update information regularly!

Use back of sheet to add additional information. If you have any questions please call or stop by the EMA Office 108 N. Pearl St. Knox, IN 46534