

Life-File

Critical Medical Information Form



IMPORTANT: THIS IS A 2-SIDED FORM
PLEASE SEE REVERSE FOR
ADDITIONAL INFORMATION

DATE COMPLETED:

First Name:		Initial:		Last Name:			Pets In Home:	
Street:			City:		State:	Zip:	Telephone:	
Date of Birth:	Male/Female:	Height:	Weight:	Hair Color:	Eye Color:	Blood Type:	Primary Language (If Not English)	
List Hearing Difficulties							Unable to Speak <input type="checkbox"/>	Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Lower
List Vision Difficulties							Religion:	
Current Medications: Name, Dosage, Frequency, Route (e.g., oral pill, topical cream, etc.)								
Latex Allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Allergies to Medications						
Allergies to Foods								
Implant(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		(If Yes) Description/Type of Implant(s)						
Joint Replacement(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		(If Yes) Description/Location of Joint Replacement(s)						
Prosthetic(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		(If Yes) Description/Type/Location of Prosthetics(s)						
Identifying Marks (e.g., scars, tattoos)								
Current Medical Conditions								
Past Medical Conditions/Surgeries								

PRINT CLEARLY • FOLLOW INSTRUCTIONS ON BACK TO STORE ON REFRIGERATOR

List Your Important Doctors, including Phone Number and Specialty

List Your Last Hospitalization, including Date and Hospital Name

Other Relevant Medical Information/Special Instructions

Health Insurance Policy Information (Insurance Company Name, Policy Number, Group Number; Primary & Secondary)

Emergency Contact Information

Closest Living Relative (Name, Phone, Email & Relationship)

Local Emergency Contact (Name, Phone, Email & Relationship)

Church/Pastoral Contact

(If Catholic) In case of emergency please call a priest

Other Emergency Contact

Instructions:

1. Fill Out The **Life+File** *Critical Medical Information Form* (both sides)

- Make additional blank copies of this form to keep information current. Or, additional copies may be obtained from your local government office or church.
- Use a separate form for each member of the household.
- Fill out the form starting on the reverse side.

2. Prepare Your Plastic Baggie

- Place one decal (sticker) on the front of a plastic baggie (e.g., a zipper top plastic bag). Fold filled out form and place in the baggie.
- Multiple members of the same household can place their filled out forms in the same baggie.

3. Place Baggie on the Refrigerator Door

- Use a magnet or tape to secure the plastic baggie to the front of your refrigerator. Place the baggie at eye level so that the first responders can easily find your complete medical information.

4. Place a Second Decal (Sticker) on Your Front Door

- Place the second decal (sticker) on your front door at eye level. This lets your local first responders know where your medical information is located.