FILE OF LIFE

LAST UPDATED ON: ___/___/____

PARTICIPANT INFORMATION		
Name:		
Address:		
City: State: Zip:		
Home #	Cell #	
☐ M ☐ F	Age:	Birth Date:___/___/_____
EMERGENCY CONTACT		
Name:		
Address:		
City: State: Zip:		
Home #	Cell #	
Relationship:		
HEALTH INSURANCE		
Company:		
Group:	Policy:	
Supplemental Insurance		
Company:		
Group:	Policy:	
NOTES(add any additional information on the back of this form):		

MEDICAL CONDITIONS

- ☐ None Known
- ☐ Angina
- ☐ Angioplasty
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer _____
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Congestive Heart Failure
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Clotting Disorder
- ☐ Coronary Bypass/Stent
- ☐ Dementia ☐ Alzheimer's
- ☐ Diabetes
- ☐ Eye Surgery
- ☐ Glaucoma
- ☐ Hearing Impaired
- ☐ Heart Valve Prosthesis
- ☐ Hemodialysis
- ☐ Hemolytic Anemia
- ☐ Hypertension
- ☐ Hypoglycemia
- ☐ Implanted Defibrillator
- ☐ Laryngectomy
- ☐ Leukemia
- ☐ Pacemaker
- ☐ Renal Failure
- ☐ Seizure Disorder
- ☐ Sickle Cell Anemia
- ☐ Stroke
- ☐ Vision Impairment
- ☐ Other _____

RECENT SURGERIES WITH DATES

	___/___/_____
	___/___/_____
	___/___/_____

MEDICATIONS

Medication	Used to treat	Dosage	Frequency	Date Prescribed
				___/___/_____
				___/___/_____
				___/___/_____
				___/___/_____
				___/___/_____
				___/___/_____
				___/___/_____
				___/___/_____
				___/___/_____
				___/___/_____

ALLERGIES

- ☐ None Known
- ☐ Aspirin
- ☐ Ibuprofen
- ☐ Barbiturates
- ☐ Codeine
- ☐ Demerol
- ☐ Environmental
- ☐ Horse Serum
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocain
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Ray dyes
- ☐ Other _____
- ☐ Other _____

ADVANCED DIRECTIVES

Hospital Preference:

_____

☐ Do Not Resuscitate (DNR)
(DNR Form Location)

_____

☐ Power of Attorney
(POA) for Health Care_ Form Location)

_____

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Hopatcong Ambulance Squad
www.HopatcongEMS.org

Keep a copy of this form on your refrigerator, your wallet/purse, and with your emergency contact.

CALL 911 FOR EMERGENCIES

FILE OF LIFE