



BROWNSTOWN FILE OF LIFE PROGRAM

File of Life

The File of Life is a free program, designed to help your Fire Department Paramedics obtain your necessary medical history and emergency contact information in an emergency... it could help save your life.

Available to the citizens of Brownstown while our supplies last.

The following information will give you a brief overview of this tremendous program. Please call our Department for more information or click on the web site links to receive a File of Life packet. You may reach us at 734-955-2600. (Brownstown Fire Department, 24150 Sibley Road, Brownstown, MI 48174)

What you get: Refrigerator magnet file, and wallet/purse file

The Refrigerator Magnet File of Life holder: The card, which is kept in a red plastic pocket labeled **FILE OF LIFE**, lists the patient's name, emergency medical contacts, other vital information, medications, dosages, allergies, recent surgeries, religion, doctor's name and a health care proxy. The entire pocket is held, with a magnet to the outside of the refrigerator.

The pocket/purse/wallet file: In addition to the **FILE OF LIFE** for the refrigerator, you also get a compact version for you to carry in your wallet or purse. A card containing the same medical information is enclosed in the RED plastic case that you keep with you. This personal wallet size version is a very valuable source of information to emergency medical personnel responding to your possible critical, life-threatening situations. Having instant access to medical facts and information can make the difference when every second counts.

What information is contained in the file? Your name, address, emergency medical contacts, insurance policy and social security numbers, health problems, medications, dosages, allergies, recent surgeries, religion, doctor's name and a health care proxy, etc.

One of the most important parts of the program is keeping your information up to date!!

Please help us help you.

FILE OF LIFE

1. Fill out **Medical Form** pages to the best of your knowledge.
2. Place Medical Form inside plastic File of Life folder and place on refrigerator door.
3. Fill out Information Sheet (this page) and send it back to the Fire Department (**strictly voluntary**). If you submit your information sheet, we will contact you occasionally to remind you to update your information. It will also help us to document the effectiveness of the program itself. The information will also be entered into the Brownstown Computer-Aided Dispatch (CAD) system and will be used to prompt dispatchers and responding units that the File of Life is present at your location.

INFORMATION SHEET

NAME: _____

ADDRESS: _____

EMAIL: _____

NEXT OF KIN: _____

NEXT OF KIN PHONE NUMBER: _____

**OR MAIL TO:
Brownstown Fire Department
21313 Telegraph
Brownstown, Michigan 48183**

KEEP INFORMATION UP TO DATE !!
Review At Least Every Six Months !

MEDICAL DATA REVIEWED AS OF _____ **MO.** _____ **YR.** _____

Name: _____ Sex: M F

Address: _____

Doctor: _____ Phone #: _____

Preferred Hospital: _____

EMERGENCY CONTACTS

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

MEDICAL DATA

Use pencil for ease in making changes.

Special Conditions/Remarks: _____

Medication	Dosage	Frequency

Pharmacy: _____ Phone: _____

Date of Birth: _____

Blood Type: _____ Religion: _____

Health Care Proxy on file at: _____

Living Will on file at: _____

Use Pencil for ease in making changes

Recent Surgery: _____ **Date:** _____

Do you have an EMS-NO CPR Directive or a DNR form ?
YES NO **Where is it located ?**

MEDICAL CONDITIONS

Check all that exist

- | | |
|---|--|
| <input type="checkbox"/> No known medical conditions | <input checked="" type="checkbox"/> Hemodialysis |
| <input type="checkbox"/> Abnormal EKG | <input type="checkbox"/> Hemolytic Anemia |
| <input type="checkbox"/> Adrenal Insufficiency | <input type="checkbox"/> Hepatitis-Type [] |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Laryngectomy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Cardiac Dysrhythmia | <input type="checkbox"/> Lymphomas |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Memory Impaired |
| <input type="checkbox"/> Clotting Disorder | <input type="checkbox"/> Myasthenia Gravis |
| <input type="checkbox"/> Coronary Bypass Graft | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Dementia <input type="checkbox"/> Alzheimer's <input type="checkbox"/> | <input type="checkbox"/> Renal Failure |
| <input type="checkbox"/> Diabetes/Insulin Dependent | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Eye Surgery | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Heart Valve Prosthesis | <input type="checkbox"/> Vision Impaired |
| <input type="checkbox"/> Other: | |

ALLERGIES

- | | | |
|---|--|---|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Latex | <input type="checkbox"/> Sulfa |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Lidocaine | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Demerol | <input type="checkbox"/> Morphine | <input type="checkbox"/> X-Rays Dyes |
| <input type="checkbox"/> Horse Serum | <input type="checkbox"/> Novocaine | <input type="checkbox"/> No Known Allergies |
| <input type="checkbox"/> Environmental: | | |
| <input type="checkbox"/> Other: | | |

MEDICAL INSURANCE

Med Ins Co: _____

Policy #: _____

Other Med Ins Co: _____

Policy #: _____

Medicaid #: _____ Medicare #: _____