TEMPLATE D

File of Life (Emergency Medical Information)

How to use it. Fill this in, fold it into a magnetic pocket or red envelope, and put it on the **front of the refrigerator**. Put a "File of Life inside" sticker on the front door or refrigerator. Keep a folded copy in your parent's wallet or purse and in the go-bag. Update it after every medication change. Many fire departments, ambulance services, senior centers, and Area Agencies on Aging give out free kits. Rules on do-not-resuscitate orders vary by state. **Note: Verify for your state.**

Field	Entry
Photo	[PHOTO]
Full name / preferred name	
Date of birth	
Address	
Primary language; interpreter needed?	
Conditions and diagnoses	
Allergies (drugs, food, latex)	
Implanted devices (pacemaker, defibrillator, joint replacements, insulin pump)	
Memory or dementia notes	
Hearing / vision aids	
Mobility aids; oxygen	
Do-not-resuscitate or similar order? Where the original is kept	
Healthcare power of attorney: name, phone	
Emergency contact 1: name, relationship, phone	
Emergency contact 2: name, relationship, phone	
Primary doctor: name, phone	
Preferred hospital	
Pharmacy: name, phone	
Medicare / insurance (or "cards in wallet")	
Pets in the home; who cares for them	
How to get in (lockbox, key holder)	
Last updated	

Current medications

Medication	Dose	When taken	What it's for

Medication	Dose	When taken	What it's for