



FILE OF LIFE

* To help First Responders & EMS in your time of need. Please Keep On Your Refrigerator For Emergencies

NAME: _____ D.O.B: _____

Address: _____

Primary Doctor: _____ Preferred Hospital: _____

Next Of Kin: _____ Phone Number: _____

Address: _____

Blood Type: _____

Do You Have An MOLST/DNR/HealthProxy: Y/N

*If so keep with the File Of Life.

Medical Conditions: _____

Medications:	Dose:	Frequency:
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1: _____

2: _____

3: _____

4: _____

5: _____

*If more room is needed use the back of this sheet, use pencil so you can make changes as necessary