



# L.I.F.E. File

LIFESAVING INFORMATION FOR EMERGENCIES



## INSTRUCTIONS

L.I.F.E. File enables emergency medical personnel to quickly locate helpful information regarding your medical history in a time of crisis. It is very important that you keep this information current, accurate, and placed in a prominent location on your **REFRIGERATOR**.

1. Please fill out the L.I.F.E. File form completely in English.
2. Fold the L.I.F.E. File form and place it inside the magnetic pouch.
3. Enclose copies of any Advanced Directives (DNR, POLST, Living Will, etc.) in the pouch.
4. Place the L.I.F.E. pouch on the front or side of your **REFRIGERATOR**.

The L.I.F.E. File kit is available free as a public service from Placentia Fire and Life Safety Department. You may obtain the kit by contacting your local fire department or for a blank L.I.F.E File form, visit [www.Placentia.org](http://www.Placentia.org).

## PERSONAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Gender:  Male  Female  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Hospital Preferred: \_\_\_\_\_ Primary  
Language: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs(or)kg  
Medical Insurance: \_\_\_\_\_ Insurance # \_\_\_\_\_  
Advanced Directive (DNR, POLST, Living Will, Durable Power of Attorney): Yes No  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

Date Form Updated: \_\_\_\_\_

