

## Instructions

L.I.F.E. 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.
- 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 door or side of your **REFRIGERATOR**.

The L.I.F.E. File kit is available free as a public service from Santa Clara County Emergency Medical Services. You may obtain the kit by contacting your local fire department or Santa Clara County Ambulance. For a blank L.I.F.E File form, visit Santa Clara County EMS at www.sccemsagency.org

PERSONAL INFORMATION			
Name:	DO	B:	
		nder:   Male  Female	
	State: Zip	Code:	
	Hospital Preferred:		
	We		
	Ins		
	ST, Living Will, Durable Power of Attor ed Health Care Directives, visit <u>www.sccer</u>		
Doctor's Name:	Phone:		
EMERG	ENCY CONTACT INFORMAT	ION	
Name:	Relation:		
Address:			
Name:			
	Phone #:		
Date Form Completed:	Date Form	Undated:	

MEDICAL HISTORY			
_	eck all that apply): ☐ Stroke ☐ Head		
Dialysis Schedule (please circle): Mon Tues Wed Thurs Fri Sat Sun AM PM Dialysis Shunt: Left Right Both ALLERGIES (Medication or Environmental):			
MEDICATIONS			
MEDICATION NAME	DOSAGE	FREQUENCY	
Additional Information: (Please write any comments or instructions, which would be helpful to emergency responders in assisting during a personal emergency)			