

Instructions for Completing the File of Life

What is the "File of Life"

- Contains important medical information for first responders and EMS providers
- Used in time of emergencies

What information should you provide?

- As much as you are comfortable to share
- Leave any info blank that you do not wish to share
- Personal info, emergency contacts, medical history, prescribed medications, and allergies, etc.
- Review and update info once a year

Completing the Form

- Use a pencil so you can update changes
- When completed attach to refrigerator

Roy City Fire & EMS

File of Life Form





Personnel Information

Name: _____

Birth Date: _____

SSN: ____ - ____ - ____ Sex: M/F

Phone #: (____) ____ - ____

Physician: _____

Hospital Preference: _____

Medical Insurance Information

Medicare/Medicaid #: _____

Med. Ins. Company: _____

Policy/ID #: _____

Contact Us:

Roy City Fire & Rescue

5051 S 1900 W

Roy Utah 84067

Phone #: 801-774-1080

www.royutah.org

Emergency Contact

Name: _____

Phone #: (____) ____ - ____

Address: _____

Relationship: _____

Allergies

Please list any allergies to medications, food or the environment (i.e. bees, plants, etc.)

Medical History

Please list any pertinent past or current medical conditions such as asthma, COPD, diabetes, seizures, stroke, anxiety, etc.

Medications

Please list any current **prescribed** medications that you are taking

Additional Information

DNR/DNI/POLST: Yes/No

If yes, please attach required documentation

Special conditions/comments:
