



CITY OF SANTA CLARA FIRE DEPARTMENT FILE OF LIFE

INSTRUCTIONS

The File of Life kit 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 spot on your **REFRIGERATOR**.

HOW TO USE THE FILE OF LIFE

1. Please fill out the File of Life form completely.
2. Fold the File of Life form and place it inside the magnetic pouch provided.
3. Enclose in the pouch a copy of any Advanced Directives (DNR, Living Will, etc.) that you wish to be followed.
4. Place the File of Life pouch on the door of your **REFRIGERATOR**.

The File of Life kit is available free as a public service from the Santa Clara Fire Department.

You may obtain the kit by contacting the SCFD EMS Division at (408) 615-4930,
or obtaining one from any Fire Department personnel.

For a blank copy of this document, please visit the City's website at <https://santaclaraca.gov/FileOfLife>

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, Living Will, Durable Power of Attorney): Yes No
(Please place copies of all completed Advanced Directive forms in file of life pouch)
Doctor's Name: _____ Phone: () _____
Date File of Life Form Completed: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____
Address: _____ Phone #: () _____
Name: _____ Relation: _____
Address: _____ Phone #: () _____

MEDICAL HISTORY

MEDICAL CONDITIONS (check mark all applicable): Stroke Heart/Cardiac Diabetes

COPD Asthma Emphysema High Blood Pressure Seizures

OTHER CONDITIONS (past and present): _____

Dialysis Schedule (please circle): Mon Tues Wed Thurs Fri Sat Sun AM PM

Dialysis Shunt: Left Right Both **Mastectomy:** Left Right Both

MEDICAL ALLERGIES: _____

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)*

