FILE OF LIFE

Date _____

Please note: *It is the responsibility of the participant to keep the information in the file current. Please use a pencil.*

PARTICIPANT INFORMATION

Name _____
Phone _____
Address _____
City _____ State _____ Zip _____
Gender _____ Date of Birth _____

EMERGENCY CONTACTS

1. Name _____
   Phone # _____
   Address _____
   City _____ State _____ Zip _____
   Relationship _____
2. Name _____
   Phone # _____
   Address _____
   City _____ State _____ Zip _____
   Relationship _____

PRIMARY CARE DOCTOR _____
Phone # _____
Other Doctor _____
Phone # _____
HEALTH INSURANCE _____
_____
Supplementary Insurance _____
BLOOD TYPE _____

MEDICAL CONDITIONS

- □ No known medical conditions
- □ Angina
- □ Angioplasty
- □ Asthma
- □ Bleeding Disorder
- □ Cancer
- □ Cardiac Dysrhythmia
- □ Cataracts
- □ Congestive Heart Failure
- □ Chronic Obstructive Pulmonary Disease
- □ Clotting Disorder
- □ Coronary Bypass Graft or Stint
- □ Dementia □ Alzheimer's
- □ Diabetes/Insulin Dependent
- □ Eye Surgery
- □ Glaucoma
- □ Hearing Impaired
- □ Heart Valve Prosthesis
- □ Hemodialysis
- □ Hemolytic Anemia
- □ Hypertension
- □ Hypoglycemia
- □ Implanted Defibrillator
- □ Laryngectomy
- □ Leukemia
- □ Pacemaker
- □ Renal Failure
- □ Seizure Disorder
- □ Sickle Cell Anemia
- □ Stroke
- □ Vision Impaired
- □ Other _____

RECENT SURGERIES / DATES

SPECIAL CONDITIONS / REMARKS

MEDICATION LIST Pharmacy name & phone _____

Medical Condition	Medication	Dosage	Frequency	Date prescribed

ALLERGIES

- □ No known allergies
- □ Aspirin
- □ Ibuprofen/Motrin
- □ Barbiturate
- □ Codeine
- □ Demerol
- □ Environmental
- □ Horse Serum
- □ Insect Stings
- □ Latex
- □ Lidocaine
- □ Morphine
- □ Novocaine
- □ Penicillin
- □ Sulfa
- □ Tetracycline
- □ X-Ray dyes
- □ Other: _____

ADVANCED DIRECTIVES

- □ Hospital preference _____
- □ Do Not Resuscitate (DNR) _____
  (DNR Form location)
- □ Power of Attorney (POA) for Healthcare _____
  (POA Form location)

FILE OF LIFE FORMS ARE AVAILABLE AT:

Kenosha County
Aging & Disability Resource Center
8600 Sheridan Road
Kenosha, WI 53143
Phone: 262-605-6646
Fax: 262-605-6649
Or online at:
adrc.kenoshacounty.org

ADRC
Kenosha County
Aging & Disability Resource Center