Hollywood Fire Rescue and Beach Safety Department
2741 Stirling Road, Hollywood, Florida 33312
(954) 967-4248

File of Life

FILL OUT AND PLACE ON YOUR REFRIGERATOR (in enveloped marked "File of Life") WITH MAGNET. YOU SHOULD CARRY A COPY IN YOUR PURSE OR WALLET. YOU CAN ALSO PLACE ONE IN YOUR CAR GLOVE BOX. IF POSSIBLE PLACE A STICKER ON YOUR DOOR MARKED "FILE OF LIFE".

Name:	**Sex: M ☐ F ☐**	**Date of Birth**
Address:		
SS#:	**Living will on file at:**	
Healthcare proxy on file at		
Doctor:		**Phone #:**
Religion:	**Med Ins Co.:**	**Policy #:**
Medicaid #	**Medicare #**	**Other ins.**
Do you have an EMS-NO CPR directive or a DNR form Yes: ☐ No: ☐		
Where is it located:		

EMERGENCY CONTACTS

Name:	**Phone #**
Address:	
Name:	**Phone #**
Address	

Use pencil for ease in making changes		
Medical Data as of: Mo.	**Yr.**	**Blood Type:**
Communicable Disease:		

Medical Problems	Medication	Dosage	Frequency

Special Conditions:

Recent Surgery:

MEDICAL CONDITIONS (mark boxes with an 'x' where applicable)

☐	None known	☐	Coronary Bypass Graft	☐		☐	Pacemaker	☐	**ALLERGIES**	☐	Novocaine
☐	Abnormal EKG			☐	Hemolytic	☐	Renal failure		Aspirin		Penicillin
☐	Adrenal Insuff.	☐	Diabetes Insulin Dependent	☐	Hypertension	☐	Sickle Cell Anemia	☐	Barbiturites	☐	Sulfa
☐	Angina			☐	Hypoglycemia				Codeine	☐	Tetracycline
☐	Asthma	☐	Eye Surgery	☐	Laryngectomy	☐	Seizure disorder	☐	Demerol	☐	X-Ray Dyes
☐	Bleeding disorder	☐	Glaucoma	☐	Leukemia				Environment		None known
				☐	Lymphomas						
☐	Card. Dysrhythmia	☐	Hearing impaired	☐	Malignant Hypothermia	☐	Situs Inversus	☐	Horse serum	☐	Other:
☐	Cataracts	☐	Heart Valve Prosthesis	☐	Memory impaired	☐	Stroke	☐	Insect stings	☐	
☐	Clotting Disorder					☐	Vision impaired	☐	Latex		
☐	Dementia	☐	Hemodialysis	☐	Myasthenia gravis				Lidocaine		
☐	Alzheimers	☐	Anemia			☐		☐	Morphine		