

FILE OF LIFE

In Newington...Help is a Call Away

Emergency Call 911

Police~Fire~Medical

Volunteer Ambulance Corps	667-5825
Newington Police Department.....	666-8445
Volunteer Fire Department.....	667-5900
Senior and Disabled Center.....	667-5831
Human Services	665-8590

KEEP INFORMATION UP TO DATE

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KEEP INFORMATION UP TO DATE

Name: _____ Sex: _____
 M F

Address: _____

Soc Sec #: _____ Date of Birth: / /

EMERGENCY CONTACTS

Name: _____ Home Phone #: _____

Address: _____

Relation: _____ Work Phone #: _____

Name: _____ Home Phone #: _____

Address: _____

Relation: _____ Work Phone #: _____

MEDICAL DATA

Last Updated: Mo. Yr. Blood Type: _____

Doctor: _____ Phone #: _____

Doctor: _____ Phone #: _____

Special Conditions/Remarks: Use pencil for ease in making changes.

Medical Problems	Medication	Dosage	Frequency

Use Pencil for ease in making changes

Medical Problems	Medication	Dosage	Frequency

Recent Surgery: _____ Date: _____

Religion: _____

Living Will on file at: _____

Health Care Proxy on file at: _____

Do you have an EMS-NO CPR Directive or a DNR form ?
YES NO Where is it located ? _____

MEDICAL CONDITIONS

Check all that exist

- | | |
|---------------------------------|---------------------------|
| () No known medical conditions | () Hemolytic Anemia |
| () Abnormal EKG | () Hypertension |
| () Adrenal Insufficiency | () Hypoglycemia |
| () Angina | () Laryngectomy |
| () Asthma | () Leukemia |
| () Bleeding Disorder | () Lymphomas |
| () Cardiac Dysrhythmia | () Malignant Hypothermia |
| () Cataracts | () Memory Impaired |
| () Clotting Disorder | () Myasthenia Gravis |
| () Coronary Bypass Graft | () Pacemaker |
| () Dementia() Alzheimer's() | () Renal Failure |
| () Diabetes/Insulin Dependent | () Seizure Disorder |
| () Eye Surgery | () Sickle Cell Anemia |
| () Glaucoma | () Stroke |
| () Hearing Impaired | () Vision Impaired |
| () Heart Valve Prosthesis | Other _____ |
| () Hemodialysis | _____ |

ALLERGIES

- | | | |
|-------------------|-------------------|------------------------|
| () Aspirin | () Horse Serum | () Penicillin |
| () Barbiturites | () Insect Stings | () Sulfa |
| () Codeine | () Latex | () Tetracycline |
| () Demerol | () Lidocaine | () X-Rays Dyes |
| () Environmental | () Morphine | () No Known Allergies |
| _____ | () Novocaine | () Other _____ |

MEDICAL INSURANCE

Med Ins Co: _____

Policy #: _____

Other Med Ins Co: _____

Policy #: _____

Medicaid #: _____ Medicare #: _____