



## FILE OF LIFE

### Emergency Medical & Family Contact Information Program

The *File of Life* program helps first responders by providing information and medical history at times when you may not be able to communicate effectively with them. Should you be injured or suffer a health incident where you are unable to provide important information to first responders we will look for your *File of Life* card on your refrigerator door to obtain critical information.

As you can see from the card, it provides areas for you to list your current medical problems, the prescriptions that you are taking, allergy information, who your doctors are, their phone numbers and who your family members or friends are that we can contact in case of an emergency.

Before writing any information on the form please review it completely. Then using a PENCIL fill in all the information you know. Make sure you PRINT all information as clearly as possible. When you come to the medical portion of the form we ask that you take the form with you to your next Health Care Provider appointment. Have your Health Care Provider complete the medical sections of the card for you. This will ensure that you have the most accurate and up to date information. If you need more space than the card allows simply use a plain piece of paper to write additional information. Then place the paper with the *File of Life* card on your refrigerator. Also, remember to take your *File of Life* card with you each time you go to your Health Care Provider and ask them to review the information and update if necessary.

Each person in your home who has medical or physical concerns needs to have their own *File of Life* card. Once you complete the card always keep your *File of Life* card on your refrigerator door using a magnet or similar device. This is so first responders can easily find your *File of Life* card. Please remember to keep other papers you may have on your refrigerator door from covering your *File of Life* card.

The File of Life program is brought to you as a free public safety service from the City of Fairfax Fire Department

Fire Department Headquarters  
4081 University Dr. Suite 400  
Fairfax, VA 22030  
(703)385-7940

Code Administration  
10455 Armstrong St; Room 208  
Fairfax, VA 22030  
(703)385-7830

**CITY OF FAIRFAX FIRE DEPARTMENT**  
 (USE PENCIL FOR EASE IN MAKING CHANGES)  
**Dial 9-1-1 for Emergencies**

Date Form Completed/Updated:



Name:

Sex:

M F

Address:

City:

State:

Zip:

Date of Birth:

Language Spoken:

Physician:

Phone #:

Specialty Physician:

Phone #:

**EMERGENCY CONTACT**

Name:

Phone #:

Relationship:

**CURRENT MEDICAL DATA**

Communicable Disease(s):

Do you have a DNR form? YES NO Where?

**MEDICATIONS**

(Attach additional page if necessary)

Name	Dosage	Frequency	Reason

**ALLERGIES**

None/NKDA, Penicillin, Sulfa, Iodine,  
 Morphine, Contrast, Other (please list)

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**MAJOR RECENT SURGERY**

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**Please List:**

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**MEDICAL CONDITIONS**

(Check all that exist)

No Known Medical Conditions	Heart Attack/MI
Abnormal EKG/Dysrhythmias	Stent
Angina	Date? _____
Alcohol Consumption	Home Oxygen
Drinks/week	LPM?
Asthma	Hypertension/High BP
Bleeding/Clotting Disorder	Hypotension/ Low BP
Bypass/CABG	Kidney Disease
Blood Thinner	Dialysis? Yes No
Medication?	Pacemaker/ ICD
Cancer	
Where? _____	When? _____

CHF	Smoker
COPD/ Emphysema	Packs/ Day _____
Dementia	Sickle Cell Anemia
Diabetes	Stroke/CVA/TIA
Insulin Dependent	When? _____
Oral Medication	Deficit? _____
Glaucoma	Other: _____

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**OTHER INFORMATION**

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Medical Insurance Co.:

Policy #:	Phone #:
Medicare #:	Medicaid #:

Living Will/Advanced Directives on file at:

Health Care Power of Attorney:

Name:	Phone #:
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**[www.fairfaxva.gov/fire](http://www.fairfaxva.gov/fire)**