

**Complete this form and put it on your refrigerator in a sealed envelope.  
Clearly mark it as "File of Life".**

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**FILE OF LIFE**

<b>Name</b>		<b>Date</b>	
<b>Address</b>		<b>DOB</b>	<b>Age</b>

<b>Medical Conditions</b>	<b>Medications</b>	<b>Dosage</b>

**Physicians**

Doctor		Phone	
Doctor		Phone	
Doctor		Phone	

**Recent Hospitalizations or Surgeries**

Reason		Date	
Reason		Date	
Reason		Date	

**Medical Insurance**

Medicare Number	MaineCare Number
Company	Policy Number
Company	Policy Number

**Emergency Contacts**

Name	Address
Phone 1	Phone 2
Name	Address
Phone 1	Phone 2
Name	Address
Phone 1	Phone 2