



L.I.F.E. FILE



Life-saving Information For Emergencies

INSTRUCTION

L.I.F.E. enables emergency medical personnel to quickly locate helpful information regarding your medical history in a time of crisis. It is very important that you keep this information current, accurate, and placed in a prominent location on your **REFRIGERATOR**.

1. Please fill out the L.I.F.E. File form completely.
2. Fold the L.I.F.E. File form and place it inside the envelope
3. Enclose copies of any Advanced Directives (DNR, TPOPP/POLST, Living Will, etc.) in the envelope.
4. Place the L.I.F.E. File envelope on the **REFRIGERATOR**.

The Kansas City Fire Department offers the L.I.F.E. File kit at no cost. Residents can obtain a kit from any KCFD fire station or the Fire Prevention Division.

PERSONAL INFORMATION

Name: _____ DOB: _____
Address: _____ Gender: ☐ Male ☐ Female
City: _____ State: _____ Zip Code: _____
Phone #: _____ Hospital Preferred: _____
Primary Language: _____ Weight: _____ lbs (or) _____ kg
Medical Insurance: _____ Insurance # _____
Advanced Directive (DNR, TPOPP/POLST, Living Will, Durable Power of Attorney): ☐ Yes ☐ No
For further information on L.I.F.E. File, visit: www.kcmo.gov/fire
Doctor's Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____
Address: _____ Phone #: _____
Name: _____ Relation: _____
Address: _____ Phone #: _____

Date Form Completed: _____ Date Form Updated: _____

635 Woodland Avenue, Suite 2103 Kansas City, MO 64106



Name: _____

MEDICAL HISTORY

MEDICAL CONDITIONS (check all that apply): ☐ **Stroke** ☐ **Heart/Cardiac** ☐ **Dementia**
☐ **Diabetes** ☐ **COPD** ☐ **Asthma** ☐ **Emphysema** ☐ **High Blood Pressure** ☐ **Seizures**

OTHER CONDITIONS (Medical or Surgical):

Dialysis Schedule (please circle): **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun** ☐ **AM** ☐ **PM**

Dialysis Shunt: ☐ **Left** ☐ **Right** ☐ **Both**

ALLERGIES (Medication or Environmental):

Home Health/Hospice Provider: _____ **Phone:** _____

MEDICATIONS

MEDICATION NAME	DOSAGE	FREQUENCY

Additional Information: (Please write any comments or instructions which would be helpful to emergency responders in assisting during a personal emergency)