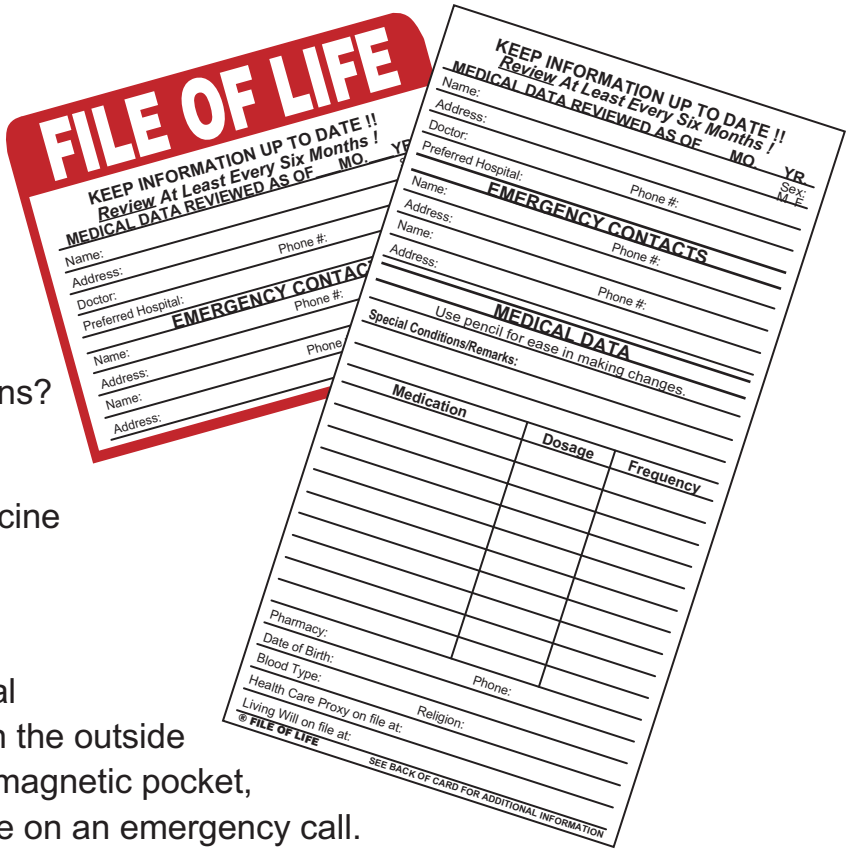
FILE OF LIFE® Foundation, Inc.

A Nonprofit Corporation Promoting Life Saving Ideas
PO Box G, West Suffield, CT 06093
(800) 814-1788 Fax (877) 248-5431
Website: www.folife.org

Every Second Counts!.



Emergency medical personnel arrive
at the home of a senior citizen, only to find
him or her unconscious or confused.
They have few facts to go on.
Does the patient have any existing conditions?
Are they taking medications?
Do they have any allergies?
The medics frantically dig through the medicine
cabinet looking for medications,

The File of Life is a card which contains vital
personal medical information and is kept on the outside
of the resident's refrigerator in a bright red magnetic pocket,
readily accessible to EMTs when they arrive on an emergency call.
The medical card lists the patient's emergency medical contacts,
health problems, medications taken, allergies, recent surgeries and more.
A door decal is placed on the outside door to notify arriving EMTs.
There is also a compact version that can be carried in a purse or wallet.

Benefits of the FILE OF LIFE® program:

- **Emergency rescue teams - Instantly know medical history of patient.**
- **Hospital emergency staff - On arrival, medical data is immediately available.**
- **Patient - Peace of mind knowing they will have prompt and quality care.**

FILE OF LIFE® is Recognized by:
TRIAD, The National Sheriff's Assoc., The National Council on Aging,
The National S.A.L.T. Council, A.A.R.P. Chapters and R.S.V.P. Chapters.

2016

Contents:

Pages

What **FILE OF LIFE** *means*

♡♡♡♡♡♡♡♡♡♡♡♡♡

Benefits to first responders

- Faster help for citizens in emergencies.
- Instantly know medical history of patient.
- Corrective treatment can begin at once.

Benefits to hospital emergency staff

- On arrival, data is immediately available to medical staff.
- No wasted time getting information from confused patient.

Benefits to each individual

- Peace of mind knowing they will have prompt and quality care.
- Easy access to potentially life-saving information.
- Assurance that proper persons will be notified quickly.

Member
National Sheriff's Association
National Council on Aging

FILE OF LIFE®

A personal medical home file prepared for emergency first responders

Instructions for using the FILE OF LIFE®

- Fill out the medical card and be sure the information is accurate and legible. If necessary, have someone assist you.
- Use pencil where you fill in the medications and where you date the card to allow future updates.
- When completed, place the file on the outside face of your refrigerator.
- Keep all medical data up to date.
- Whenever there is a change in medications or dosage be sure to change it on your card and redate the card.
- Take the file with you when you visit your doctor.

FILE OF LIFE® ORDER FORM

Organization:	Date:	PO#:
Contact:	Shipping Address if Different	
Address:		
City, State, Zip:		
Phone #:		
Fax #:		
E-mail:	Date Needed:	

	50-99	100-999	1,000-4,999	5,000-9,999	10,000-24,999	25,000-49,999	50,000-99,999	100,000-499,999	Quantity	Cost
FOL-RM Refrigerator Magnet Pouch *with standard card*										
with standard card	.89	.75	.70	.62	.50	.48	.47	.46		
with no card	.79	.67	.64	.57	.45	.44	.43	.42		
additional cards	.10	.08	.06	.05	.05	.04	.04	.04		
FOL-PS Personal Size Pouch *with standard card*										
with standard card	.47	.40	.36	.27	.26	.23	.22	.21		
with no card	.37	.32	.30	.22	.21	.19	.18	.17		
additional cards	.10	.08	.06	.05	.05	.04	.04	.04		
FOL-DCL Door Decal	.15	.13	.11	.08	.06	.05	.04	.03		

▼ File of Life with *custom sponsor* imprinted cards ▼ (1,000 pcs. min.)

	1,000-4,999	5,000-9,999	10,000-24,999	25,000-49,999	50,000-99,999	100,000-499,999	Quantity	Cost
FOL-RMS Refrigerator Magnet Pouch *with sponsor card*								
Please specify three panel card or four panel card: **Three Panel** ☐ **Four Panel** ☐								
with black imprinted card	.76	.67	.53	.50	.49	.47		
additional cards	.12	.10	.08	.06	.06	.05		
for each additional imprint color add	.10	.08	.05	.04	.03	.03		
FOL-PSS Personal Size Pouch *with sponsor card*								
with black imprinted card	.40	.30	.26	.23	.22	.21		
additional cards	.12	.10	.08	.06	.06	.05		
for each additional imprint color add	.10	.08	.05	.04	.03	.03		
FOL-B Benefits Sheet	.02							

Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: ☐

Card Holder's Name: _____

Security Code: ☐

Subtotal	
Shipping	
Total	

Shipping: Orders Prepaid by ***Check (only)*** Receive Free Shipping.
All other orders will be billed at current UPS Rates
Terms: Net 15 Days / Minimum Order $25.00
MasterCard, Visa, American Express & Discover Accepted
Allow 2-5 Weeks for Delivery

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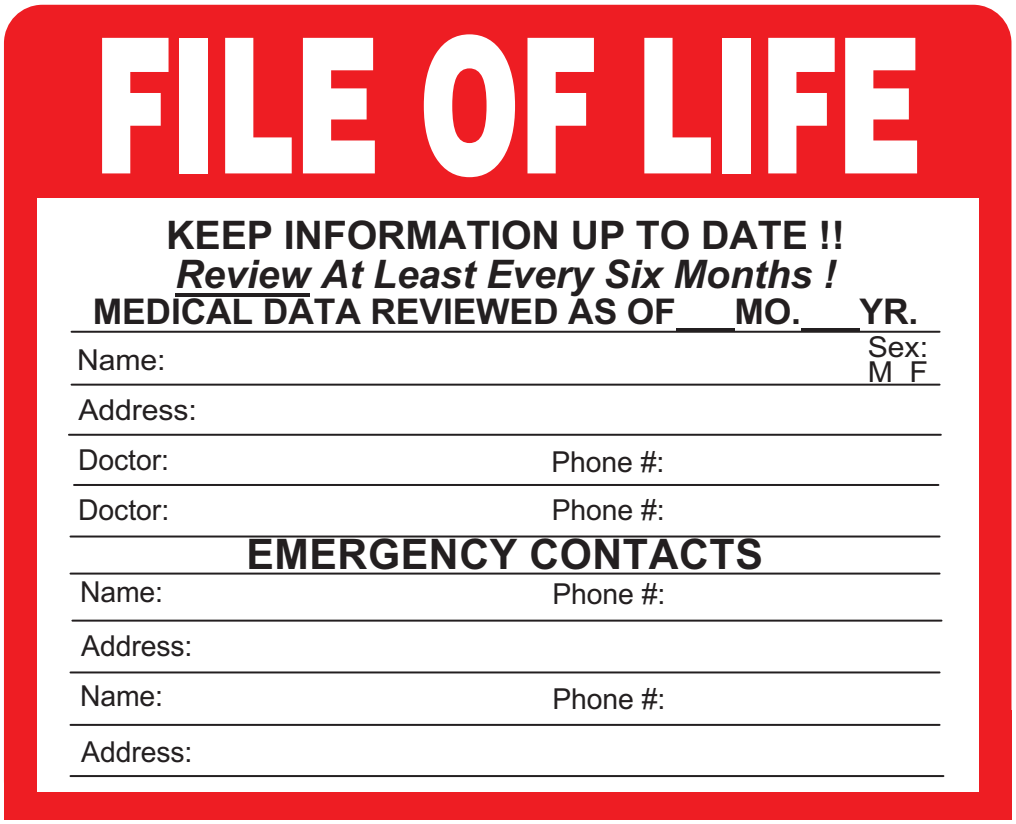
2016

FOL-RM Refrigerator Magnet with inserted Standard Card

See Standard Card on pages 5 & 6



Pouch Size 4 1/4" X 5 1/4"

FOL-DCL Door Decal

Decals are ordered separately

Decal Size 2" X 3"

FOL-RM File of Life Standard Card Front

Card Size 4 $^{7}/_{8}$" X 9"

KEEP INFORMATION UP TO DATE !!
***Review* At Least Every Six Months !**

MEDICAL DATA REVIEWED AS OF MO. YR.

Name: Sex: M F

Address:

Doctor: Phone #:

Preferred Hospital:

EMERGENCY CONTACTS

Name: Phone #:

Address:

Name: Phone #:

Address:

Fold

MEDICAL DATA

Use pencil for ease in making changes.

Special Conditions/Remarks:

Medication	Dosage	Frequency

Fold

Pharmacy: Phone:

Date of Birth:

Blood Type: Religion:

Health Care Proxy on file at:

Living Will on file at:

® FILE OF LIFE **SEE BACK OF CARD FOR ADDITIONAL INFORMATION**

FOL-RM File of Life Standard Card

Back

Use pencil for ease in making changes

Recent Surgery: **Date:**

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
- ☐ Abnormal EKG
- ☐ Adrenal Insufficiency
- ☐ Angina
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Clotting Disorder
- ☐ Coronary Bypass Graft
- ☐ Dementia ☐ Alzheimer's ☐
- ☐ Diabetes/Insulin Dependent
- ☐ Eye Surgery
- ☐ Glaucoma
- ☐ Hearing Impaired
- ☐ Heart Valve Prosthesis
- ☐ Other:
- ☐ Hemodialysis
- ☐ Hemolytic Anemia
- ☐ Hepatitis-Type [ ]
- ☐ Hypertension
- ☐ Hypoglycemia
- ☐ Laryngectomy
- ☐ Leukemia
- ☐ Lymphomas
- ☐ Memory Impaired
- ☐ Myasthenia Gravis
- ☐ Pacemaker
- ☐ Renal Failure
- ☐ Seizure Disorder
- ☐ Sickle Cell Anemia
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Vision Impaired

ALLERGIES

- ☐ Aspirin
- ☐ Barbiturate
- ☐ Codeine
- ☐ Demerol
- ☐ Horse Serum
- ☐ Environmental:
- ☐ Other:
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Rays Dyes
- ☐ No Known Allergies

MEDICAL INSURANCE

Med Ins Co:

Policy #:

Other Med Ins Co:

Policy #:

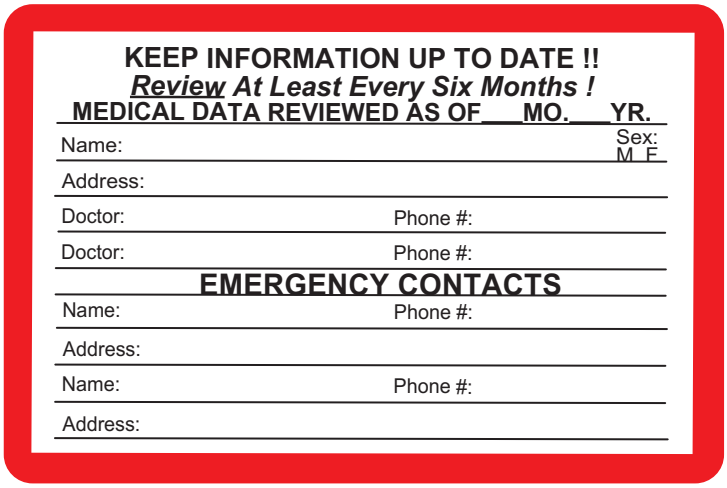
Medicaid #: Medicare #:

FOL-PS

File of Life Personal Size Pouch with Standard card

Pouch Size 2 5/8" X 3 3/4"

See Standard Card on Page 8



FOL-PS

File of Life Personal Size Standard Card

Card Size 3 1/2" X 8 1/4"

Front

KEEP INFORMATION UP TO DATE !!
***Review* At Least Every Six Months !**

MEDICAL DATA REVIEWED AS OF___MO.___YR.

Name: Sex: M F

Address:

Doctor: Phone #:

Doctor: Phone #:

EMERGENCY CONTACTS

Name: Phone #:

Address:

Name: Phone #:

Address:

MEDICAL DATA

Use pencil for ease in making changes.

Special Conditions/Remarks:

Medication	Dosage	Frequency

Preferred Hospital:

Pharmacy: Phone:

Date of Birth: Blood Type:

Religion:

Health Care Proxy on file at:

Living Will on file at:

® FILE OF LIFE SEE BACK OF CARD FOR ADDITIONAL INFORMATION

Fold

Fold

Fold

Back

Use Pencil for ease in making changes

Recent Surgery: **Date:**

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
- ☐ Abnormal EKG
- ☐ Adrenal Insufficiency
- ☐ Angina
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Clotting Disorder
- ☐ Coronary Bypass Graft
- ☐ Dementia ☐ Alzheimer's ☐
- ☐ Diabetes/Insulin Dependent
- ☐ Eye Surgery
- ☐ Glaucoma
- ☐ Hearing Impaired
- ☐ Heart Valve Prosthesis
- ☐ Other:
- ☐ Hemodialysis
- ☐ Hemolytic Anemia
- ☐ Hepatitis-Type [ ]
- ☐ Hypertension
- ☐ Hypoglycemia
- ☐ Laryngectomy
- ☐ Leukemia
- ☐ Lymphomas
- ☐ Memory Impaired
- ☐ Myasthenia Gravis
- ☐ Pacemaker
- ☐ Renal Failure
- ☐ Seizure Disorder
- ☐ Sickle Cell Anemia
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Vision Impaired

ALLERGIES

- ☐ Aspirin
- ☐ Barbiturate
- ☐ Codeine
- ☐ Demerol
- ☐ Horse Serum
- ☐ Environmental:
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Rays Dyes
- ☐ No Known Allergies
- ☐ Other:

MEDICAL INSURANCE

Med Ins Co:

Policy #:

Other Med Ins Co:

Policy #:

Medicaid #: Medicare #:

FOL-RMS Refrigerator Magnet with Sponsor Card Inserted

With Inserted Three Panel Sponsor Card

FILE OF LIFE

Compliments of **Union Hospital**

KEEP INFORMATION UP TO DATE !!

Name: Sex: M F

Address:

Doctor: Phone #:

Preferred Hospital:

EMERGENCY CONTACTS

Name: Phone #:

Address:

Name: Phone #:

Address:

With Inserted Four Panel Sponsor Card

FILE OF LIFE

Emergency Dial 911

ADRC

Aging & Disability Resource Center of Brown County

KEEP INFORMATION UP TO DATE

We can size and arrange any submitted artwork including typesetting

FOL-RMS Three Panel Sponsor Card Front

Card Size 4 $^{7}/_{8}$" X 9"

Imprint Area
$^{3}/_{8}$" X 4 $^{1}/_{2}$"

Compliments of **Union Hospital**

KEEP INFORMATION UP TO DATE !!

Name: Sex: M F

Address:

Doctor: Phone #:

Preferred Hospital:

EMERGENCY CONTACTS

Name: Phone #:

Address:

Name: Phone #:

Address:

Fold

MEDICAL DATA as of Mo. Yr.

Use pencil for ease in making changes.

Special Conditions/Remarks:

Medication	Dosage	Frequency

Fold

Pharmacy: Phone:

Date of Birth:

Blood Type: Religion:

Health Care Proxy on file at:

Living Will on file at:

® FILE OF LIFE **SEE BACK OF CARD FOR ADDITIONAL INFORMATION**

FOL-RMS Three Panel Sponsor Card Back

Use pencil for ease in making changes

Recent Surgery: **Date:**

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
- ☐ Abnormal EKG
- ☐ Adrenal Insufficiency
- ☐ Angina
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Clotting Disorder
- ☐ Coronary Bypass Graft
- ☐ Dementia ☐ Alzheimer's ☐
- ☐ Diabetes/Insulin Dependent
- ☐ Eye Surgery
- ☐ Glaucoma
- ☐ Hearing Impaired
- ☐ Heart Valve Prosthesis
- ☐ Other:
- ☐ Hemodialysis
- ☐ Hemolytic Anemia
- ☐ Hepatitis-Type [ ]
- ☐ Hypertension
- ☐ Hypoglycemia
- ☐ Laryngectomy
- ☐ Leukemia
- ☐ Lymphomas
- ☐ Memory Impaired
- ☐ Myasthenia Gravis
- ☐ Pacemaker
- ☐ Renal Failure
- ☐ Seizure Disorder
- ☐ Sickle Cell Anemia
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Vision Impaired

ALLERGIES

- ☐ Aspirin
- ☐ Barbiturate
- ☐ Codeine
- ☐ Demerol
- ☐ Horse Serum
- ☐ Environmental:
- ☐ Other:
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Ray Dyes
- ☐ No Known Allergies

MEDICAL INSURANCE

Med Ins Co:

Policy #:

Other Med Ins Co:

Policy #:

Medicaid #: Medicare #:

FOL-RMS
Four Panel
Sponsor Card
Front

Card Size 4 7/8" X 11 7/8"

Imprint Area
2 1/2" X 4 1/2"

We can size and arrange any submitted artwork including typesetting.

11 7/8"

Emergency Dial 911

ADRC
Aging & Disability Resource Center of Brown County

KEEP INFORMATION UP TO DATE

Fold

Name: Sex: M F

Address:

Date of Birth: / /

EMERGENCY CONTACTS

Name: Home Phone #:

Address:

Relation: Work Phone #:

Name: Home Phone #:

Address:

Relation: Work Phone #:

Fold

MEDICAL DATA

Last Updated: Mo. Yr. Blood Type:

Doctor: Phone #:

Preferred Hospital:

Use pencil for ease in making changes.

Special Conditions/Remarks:

Fold

Medication	Dosage	Frequency

SEE BACK OF CARD FOR ADDITIONAL INFORMATION
® FILE OF LIFE

FOL-RMS
Four Panel Sponsor Card Back

Use pencil for ease in making changes

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
- ☐ Abnormal EKG
- ☐ Adrenal Insufficiency
- ☐ Angina
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Clotting Disorder
- ☐ Coronary Bypass Graft
- ☐ Dementia ☐ Alzheimer's ☐
- ☐ Diabetes/Insulin Dependent
- ☐ Eye Surgery
- ☐ Glaucoma
- ☐ Hearing Impaired
- ☐ Heart Valve Prosthesis
- ☐ Other:
- ☐ Hemodialysis
- ☐ Hemolytic Anemia
- ☐ Hepatitis-Type [ ]
- ☐ Hypertension
- ☐ Hypoglycemia
- ☐ Leukemia
- ☐ Lymphomas
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- ☐ Morphine
- ☐ Novocaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Ray Dyes
- ☐ No Known Allergies
- ☐ Environmental:
- ☐ Other:

MEDICAL INSURANCE

Med Ins Co:

Policy #:

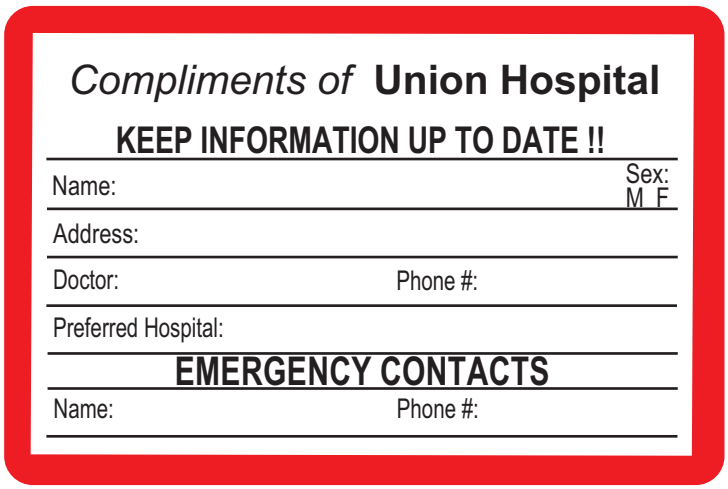
Other Med Ins Co:

Policy #:

Medicaid #: Medicare #:

FOL-PSS Personal Size Pouch with Sponsor Card Inserted

Pouch Size 2 5/8" X 3 3/4" Three Panel Layout Card



FOL-PSS Personal Size Pouch with Sponsor Card Inserted

Pouch Size 2 5/8" X 3 3/4" Four Panel Layout Card

We can size and arrange any submitted artwork including typesetting

Personal Size Card Front & Back
Size 3 1/2" X 8 1/4" Three Panel "Layout" Card

Imprint Area
5/16" X 3 1/4"

Compliments of **Union Hospital**

KEEP INFORMATION UP TO DATE !!

Name: Sex: M F

Address:

Doctor: Phone #:

Preferred Hospital:

EMERGENCY CONTACTS

Name: Phone #:

Address:

Name: Phone #:

Address:

MEDICAL DATA as of Mo. Yr.

Use pencil for ease in making changes.

Special Conditions/Remarks:

Medication	Dosage	Frequency

Pharmacy: Phone:

Date of Birth:

Blood Type: Religion:

Health Care Proxy on file at:

Living Will on file at:

® FILE OF LIFE **SEE BACK OF CARD FOR ADDITIONAL INFORMATION**

Fold

Fold

Fold

Use Pencil for ease in making changes

Recent Surgery: **Date:**

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
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- ☐ Angina
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Clotting Disorder
- ☐ Coronary Bypass Graft
- ☐ Dementia ☐ Alzheimer's ☐
- ☐ Diabetes/Insulin Dependent
- ☐ Eye Surgery
- ☐ Glaucoma
- ☐ Hearing Impaired
- ☐ Heart Valve Prosthesis
- ☐ Other:
- ☐ Hemodialysis
- ☐ Hemolytic Anemia
- ☐ Hepatitis-Type [ ]
- ☐ Hypertension
- ☐ Hypoglycemia
- ☐ Laryngectomy
- ☐ Leukemia
- ☐ Lymphomas
- ☐ Memory Impaired
- ☐ Myasthenia Gravis
- ☐ Pacemaker
- ☐ Renal Failure
- ☐ Seizure Disorder
- ☐ Sickle Cell Anemia
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Vision Impaired

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- ☐ Barbiturate
- ☐ Codeine
- ☐ Demerol
- ☐ Horse Serum
- ☐ Environmental:
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Rays Dyes
- ☐ No Known Allergies
- ☐ Other:

MEDICAL INSURANCE

Med Ins Co:

Policy #:

Other Med Ins Co:

Policy #:

Medicaid #: Medicare #:

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FOL-PSS Four Panel Sponsor Card

Card Size 3 1/2" X 8 1/4"

Imprint Area 1 3/4" X 3 /1/4"

Emergency Dial 911

ADRC
Aging & Disability Resource Center of Brown County

KEEP INFORMATION UP TO DATE

Fold

MEDICAL DATA REVIEWED AS OF MO. YR.

Name: Sex: M F

Address:

Doctor: Phone #:

Doctor: Phone #:

EMERGENCY CONTACTS

Name: Phone #:

Address:

Name: Phone #:

Fold

Address:

MEDICAL DATA

Use pencil for ease in making changes.

Special Conditions:
Remarks:

Medication	Dosage	Frequency

Fold

® FILE OF LIFE **SEE BACK OF CARD FOR ADDITIONAL INFORMATION**

Pharmacy: Phone:

Date of Birth:

Blood Type: Religion:

Health Care Proxy on file at:

Living Will on file at:

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

RECENT SURGERY: DATE:

MEDICAL CONDITIONS

Check all that exist

- ☐ No known medical conditions
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- ☐ Adrenal Insufficiency
- ☐ Angina
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Clotting Disorder
- ☐ Coronary Bypass Graft
- ☐ Dementia ☐ Alzheimer's ☐
- ☐ Diabetes/Insulin Dependent
- ☐ Eye Surgery
- ☐ Glaucoma
- ☐ Hearing Impaired
- ☐ Heart Valve Prosthesis
- ☐ Other:
- ☐ Hemodialysis
- ☐ Hemolytic Anemia
- ☐ Hepatitis-Type [ ]
- ☐ Hypertension
- ☐ Hypoglycemia
- ☐ Laryngectomy
- ☐ Leukemia
- ☐ Lymphomas
- ☐ Memory Impaired
- ☐ Myasthenia Gravis
- ☐ Pacemaker
- ☐ Renal Failure
- ☐ Seizure Disorder
- ☐ Sickle Cell Anemia
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Vision Impaired

ALLERGIES

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- ☐ Codeine
- ☐ Demerol
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Rays Dyes
- ☐ No Known Allergies
- ☐ Environmental:
- ☐ Other:

MEDICAL INSURANCE

Med Ins Co:

Policy #:

Other Med Ins Co:

Policy #:

Medicaid #: Medicare #: