WHO WILL SPEAK FOR YOU IF YOU CAN'T?

- Having accurate and timely information is extremely important in a medical emergency.
- In many emergency medical situations, the stress and anxiety caused by the emergency overwhelm the patient or family member's ability to provide accurate information.
- Treatments that emergency responders and hospital personnel provide can be significantly influenced by your medical history, allergies, and medications you take.
- The emergency medical form helps ensure that Emergency Responders have correct and accurate information to provide proper medical treatment.

Scan the QR code for more information

Ramsey Police Department
7550 Sunwood Dr. NW
Ramsey, MN 55303

763.427.6812 (Office)
763.427.1414 (Dispatch)

To protect and serve with courage, integrity and honor.

HOW TO SET UP YOUR FILE OF LIFE

1. FILL OUT THE FORM

- Fill out the form located on the reverse side.
- Make blank copies of this form to keep information current or go to (www.ci.ramsey.mn.us/929/File-Of-Life) to locate another form.

2. PUT MAGNET POUCH ON FRIDGE

- Place "File of Life" form in the magnet pouch.
- Place any extra forms like a "DNR order" inside the pouch.
- Put the magnet pouch on your fridge in an easily visible spot.

3. Put sticker on front door

- Put your red "File of Life" Sticker on your front door in the upper right corner.

RAMSEY POLICE DEPARTMENT

Emergency or Assistance
Dial 911
Keep Information Up To Date

PLEASE PRINT COMPLETED FORM AND PLACE IN FILE OF LIFE PACKET.

NAME AND ADDRESS

Name:
Address:
Sex: ◯ M ◯ F Date of Birth:

EMERGENCY CONTACTS

Name:
Address:
Relation:
Home #: Work #:

Name:
Address:
Relation:
Home #: Work #:

MEDICAL DATA

Last Updated: Mo. **Yr.** Blood Type:
Doctor:
Phone #:
Preferred Hospital:
Special Conditions/Remarks:

MEDICATION	DOSAGE	FREQUENCY

SEE BACK OF CARD FOR ADDITIONAL INFORMATION
® FILE OF LIFE

MEDICATION	DOSAGE	FREQUENCY

RECENT SURGERY	DATE

OTHER INFORMATION

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

☐ 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
☐ 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 #:
Med Ins Co:
Policy #:
Medicaid #: Medicare #: