

# FILE OF LIFE



**Olathe Fire Department**  
1225 S. Hamilton Circle  
Olathe, Kansas 66061  
(913) 971-7900  
OlatheKS.org/Fire

**Emergency call: 911**

Fire – EMS - Police

DNR? (circle one)      YES      NO

If YES, where is DNR? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Medicare #: \_\_\_\_\_

Address: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

\_\_\_\_\_

Other insurance: \_\_\_\_\_

Date of birth: \_\_\_\_\_

\_\_\_\_\_

Sex (circle one):    Male      Female

\_\_\_\_\_

Primary doctor: \_\_\_\_\_

**Communication (mark all that apply)**

Other doctor: \_\_\_\_\_

English       Spanish

Hospital preference: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Uses sign language

\_\_\_\_\_

Uses communication device

**Emergency contact #1**

**Emergency contact #2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

Contact #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Prescription medicines:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have a copy of your most recent EKG (12-lead)?**

**(circle one)**    YES    NO    N/A

If "YES," please place it in this magnetic sleeve behind the FILE OF LIFE information.

**Form instructions:**

- Complete form completely.
- Put form in magnetic sleeve with "FILE OF LIFE" showing in the clear, plastic pocket and place on refrigerator.
- Update form when things change.

**When should I review my form?**

Review your form every six months for accuracy.

**Need a new form?**

Visit [OlatheKS.org/Fire](http://OlatheKS.org/Fire).

**Want to learn CPR?**

Go to [OlatheKS.org/Fire/CPR](http://OlatheKS.org/Fire/CPR).