

How to use



1 Fill out the form located on the reverse side.
Answer all pertinent questions and place in file.

- Call FIRST FILE at 785-783-2131 to request new forms or download at www.FIRSTFILE.org

2 Place the following items in the First File:

- Copy of EKG, do not resuscitate (DNR) orders, notarized living will or equivalent.
- Recent photograph of individual listed on front.
- Medication list (review or update as often as necessary to keep up-to-date)
- Copies of Health Insurance Information

3 Place the First File on your refrigerator where First Responders can easily find it.

4 Place the First File label on the front door jamb at eye level where First Responders can easily find it.



BASIC INFORMATION

Date

Full Legal Name

Phone Number

Home Address

Date of Birth

Primary Language

Gender

Height

Weight

Hair Color

Eye Color

EMERGENCY CONTACT

Name and Phone Number

Relationship

May we release your health information to this person?

Name and Phone Number

Relationship

May we release your health information to this person?

MEDICAL INFORMATION

Deaf/Very Hard of Hearing

YES

NO

Glasses/Contacts

YES

NO

Identifying Marks/Tattoos

Physicians & Phone Numbers

Medication Allergies

Current Medical Conditions You Are Being Treated For

Medical Conditions You Have Been Treated for in the Past

Medical Implants, Pacemaker, Metal Plates, Hip Replacement...

LONG-TERM CARETAKER INFORMATION

Hospital Choice

Hospice Preference

Funeral Home of Choice

FIRST+FILE™