Your Personal

File of Life

and

How to Use Guide

CareManity™

HowToSurvive911.com

Caremanity.com

Congratulations And Thank You!

Downloading this file, filling it out, and posting it where first responders can retrieve it, are important first steps in preparing yourself and others to confidently face a medical emergency. Whether you are a caregiver for family members, caring for those who've hired you, or just caring for yourself, this one simple tool could make the difference for emergency responders and doctors to save the life of someone you love, or even you!

Nancy May

What Is A File Of Life?

It's a card, sheet of paper, or collection of items that hold important medical information. It's best kept in some holder, or small plastic bag and placed where it is visible and easy to reach, such as your refrigerator. There are many different types available, online, from emergency responders, and through medical supply stores.

Why Use The CareManity File Of Life Form?

The form available at the end of this document was researched, vetted by a number of medical professionals, carefully assembled and formatted so that it contained, in one place, the kinds of information first responders and emergency department doctors need to start medical treatment on someone who comes in. We believe it is as comprehensive as any such document presently available, if not more so. In addition, by putting it into a stand-alone fillable pdf format, you can readily save and print it out in whole or in part. It can also be easily updated and allows for filling out in stages, as convenient.

Who Needs One?

Anyone who may possibly go through a medical emergency, which is pretty much everyone. Download and fill out several for yourself, each member within your household, and for each person you care for. This would include four copies for each person: one to be put in an accessible location in the house, one copy for every person to keep with them when traveling, two extra copies for safekeeping and to take, if need be, to a hospital emergency room.

How It's Used

When called to your home, emergency responders will ask if you have a File of Life, or other documentation about your charge's medical conditions, medications, and other critical information needed to start working on your charge. Hospital emergency department personnel will also ask for the medical history of your charge. It's often difficult to remember details when under stress, and accuracy is critical to a potentially positive outcome. The File of Life can quickly supply medical professionals with important background information, saving critical time in extreme life-threatening cases.

How To Start Filling Out The Form

1. Go to the form at the end of this document. Download, open, and Save the last two pages of this document as (YourName).pdf

2. Start by typing into each blank field whatever information you know off hand.

3. Collect the other information either from on-hand medical records and ID cards, off prescription and vitamin bottles, and from interviewing your charge, their family, other caregivers, and even primary and specialist doctors.

4. Collect other information such as insurance numbers from ID cards. Find out who holds the Power of Attorney (POA), Durable Power of Attorney (DPOA), Durable Power of Attorney for Healthcare Decisions (DPOA-HCD), guardianship, and/or those responsible for making any medical, financial, and legal decisions (Medical Directives) and for your family member or charge. Get contact details for important family members to notify, faith-based support people, doctors, etc.

5. Get names, dosage amounts, and times used per day of all prescriptions, vitamins, supplements. Also note allergies or food and drug sensitivities, and items/medications used in case of an allergic reaction such as an EpiPen or inhaler.

6. List of all major medical procedures and hospitalizations over the course of a lifetime, including simpler events such as broken bones/severe strains, dental surgery, dental implants, bridges, dentures etc.

7. List all implants or prosthetics, including stents, insulin pump, plates or screws, false eye(s), limbs, canes, eyeglasses, hearing aids, etc.

8. List all basic support and life-support items used weekly, daily and/or for occasional emergency needs including: oxygen, heart monitors, walkers, wheelchair, etc.

It's important that when you stop adding information to the File of Life, for whatever reason, print out a copy, and place it where it can be accessed, even if it's incomplete. An incomplete File of Life is better than nothing at all. Keep updating, filling out the form, and saving copies as you find more information.

Filling Out The Form

The form included in this document is in a "fillable" format. You simply type your personal details into each blank section, save it on your computer/or phone for updates, and print out as many copies as needed. It's recommended that you save the file with the name of the person that the File of Life is for in a folder on your computer, where you'll remember to find it.

Printing, Folding: The File of Life should be printed out double sided on a regular 8.5" x 11" sheet of paper. If your printer only prints one side at a time, reinsert the the first page of printed document back into the printer and reprint on the back so the second half of the file, in the same direction. This may take some experimenting. Fold the document in half lengthwise with "**FILE OF LIFE**" facing front. Then fold it up from the bottom in half and in half again. You will have a folded form about **2.5" X 4"**. This will be small enough to put into a snack bag, file of life holder, wallet or cell phone case.

Place your File of Life where you can easily find it on your computer so that you can update it as you continue to complete it, or when there are ANY changes to medical conditions that others may need to know about.

When traveling, it is very important that you are aware that you have it with you and that you safeguard this information, in the same way you would your credit cards, financial information, and/or your smartphone.

What Is CareManity?

CareManity is an organization dedicated to giving time-challenged and emotionally stressed caregivers practical, reliable, and cost effective ways to provide good care for their loved ones and charges. We do this by providing practical information, products, tools, and services that directly help those who provide care and protection to their own family members and other infirm, elderly, and in-need people.

For more information about the book
How to Survive 911 Medical Emergencies.
Step-by-Step Before, During, After!
please visit.
www.howtosurvive911.com
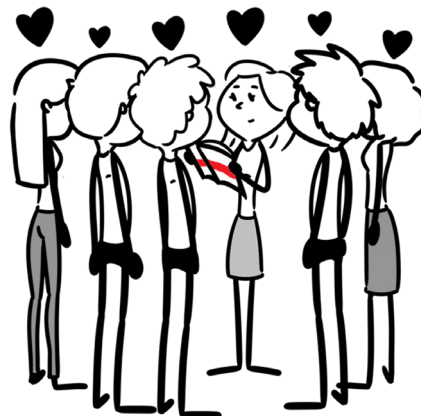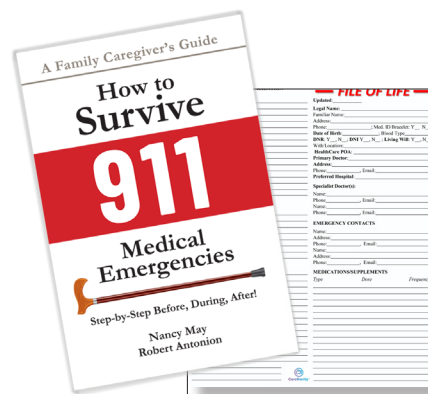
PAST SURGERIES/HOSPITALIZATION
And Estimated Dates.

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OTHER INFORMATION
Social Security Number: _____
Insurance Primary: _____
Policy #: _____
Other Insurance: _____
Policy #: _____

OTHER IMPORTANT NOTES

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— FILE OF LIFE —

Updated: _____

Legal Name: _____

Familiar Name: _____

Address: _____

Phone: _____ Med. ID Bracelet: Y☐ N☐

Date of Birth: _____ Blood Type: _____

DNR: Y☐ N☐ **DNI:** Y☐ N☐ **Living Will:** Y☐ N☐

With/Location: _____

Healthcare POA: _____

Primary Doctor: _____

Address: _____

Phone: _____ Email: _____

Preferred Hospital: _____

Specialist Doctor(s):

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

EMERGENCY CONTACTS

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

MEDICATIONS/SUPPLEMENTS

Type	Dose	Frequency

MEDICATIONS/SUPPLEMENTS

Type	Dose	Frequency

ALLERGIES

EpiPen: Y☐ N☐ **Inhaler:** Y☐ N☐ **Other:** Y☐ N☐
Medication/Vaccines:

Foods:

Plants/Animals/Insects:

Seasonal/Environmental:

CURRENT MEDICAL CONDITIONS
Blood Pressure (Average): _____
Mental/Neurological:

Heart:

Lungs:

Kidneys:

Stomach/Intestines:

Ear/Nose/Throat:

Endocrine/Glandular:

Joints/Skeletal:

Cancer(s): _____ **Stage:** _____

Impairments/Severity:

Devices Needed:

Implants/Stents/Others:

Other Conditions: