



FILE OF LIFE

For Emergency
Dial 911

Important Patient
Information
Enclosed

Contact Newport Fire Department with
any questions (401) 845-5901

Review periodically and keep
information up to date.

Use back of form for additional
information.

PATIENT INFORMATION

Name: _____ Sex: M F
Date of Birth: _____ Phone #: _____
Address: _____

EMERGENCY CONTACTS

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

<u>Next of Kin</u>	<u>Relationship</u>	<u>Phone #</u>
1) _____	_____	_____
2) _____	_____	_____

MEDICAL INFORMATION

Date updated: _____

Special Conditions/Remarks: _____

Do you have a DNR, Medical Order for Life Sustaining Treatment, or Living will? Y N

If yes, where is it located? _____

Medical Conditions: _____

Medications: _____

Allergies: _____