



Lifesaving Information for Emergencies (L.I.F.E)



INSTRUCTIONS

Operation Red File allows emergency medical personnel to quickly locate helpful information regarding your medical history in a time of crisis. It is very important that you keep this information current, accurate, and placed in a prominent location on your **REFRIGERATOR**.

1. Please fill out this L.I.F.E. File form completely.
2. Place this form inside the magnetic pouch.
3. Enclose copies of any Advanced Directives (DNR, POLST, Living Will, etc.) in the pouch.
4. Place the Operation Red File on the front of your **REFRIGERATOR**.

Please make sure to keep this form up to date. You can obtain a blank form at the Pocatello Fire Departments website <https://www.pocatello.us/189/Fire>

PERSONAL INFORMATION

Name: _____ DOB: _____
Address: _____ Gender: Male Female
City: _____ State: _____ Zip Code: _____
Phone #: _____ Hospital Preferred: _____
Primary Language: _____ Weight: _____ lbs (or) _____ kg
Medical Insurance: _____ Insurance # _____
Advanced Directive (DNR, POLST, Living Will, Durable Power of Attorney): Yes No
Please place a copy of your Advanced Directives in this file.
Doctor's Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____
Address: _____ Phone #: _____
Name: _____ Relation: _____
Address: _____ Phone #: _____

Date Form Completed: _____

Date Form Updated: _____

MEDICAL HISTORY

MEDICAL CONDITIONS (check all that apply): Stroke Heart/Cardiac Dementia
 Diabetes COPD Asthma Emphysema High Blood Pressure Seizures

OTHER CONDITIONS (Medical or Surgical): _____

Dialysis Schedule (please circle): Mon Tues Wed Thurs Fri Sat Sun AM PM

Dialysis Shunt: Left Right Both

ALLERGIES (Medication or Environmental): _____

MEDICATIONS

MEDICATION NAME	DOSAGE	FREQUENCY

Additional Information: *(Please write any comments or instructions, which would be helpful to emergency responders in assisting during a personal emergency)*

