FILE OF LIFE

Name: ☐ M ☐ F	**DOB:**
Address:	Phone:
Medical Data Last Updated:	Blood Type:
Primary Physician Name:	Physician Phone:
EMERGENCY CONTACT INFORMATION	
Name:	Phone:
Name:	Phone:
Name:	Phone:

PAST MEDICAL HISTORY

☐ Angina	☐ Asthma	☐ Abnormal EKG
☐ Breathing Problems	☐ Bleed Disorder	☐ Cancer
☐ Cardiac Issues	☐ Congestive Heart Failure	☐ Coronary Bypass
☐ Defibrillator/Pacemaker	☐ Heart Attack/MI	☐ COPD/Emphysema
☐ Dementia / Alzheimer's	☐ Diabetic	☐ Dialysis/Renal/Hemodialysis
☐ Eye: Vision Impaired/Cataracts	☐ Glaucoma	☐ Deaf / Hearing Impaired
☐ Hepatitis Type	☐ HIV/AIDS	☐ HTN/High Blood Pressure
☐ Leukemia	☐ Hypoglycemia	☐ Hemolytic Anemia
☐ Lymphomas	☐ Myasthenia Gravis	☐ Mental / Psychological
☐ Renal Failure	☐ Seizure	☐ Sickle Cell Disorder
☐ Stroke	☐ TIA (Mini-stroke)	☐ Tuberculosis
☐ Other:		
☐ Other:		
☐ Recent Surgeries:		
☐ EMS – No CPR Form signed by Physician (DNR or MOST): ☐ YES ☐ NO		
☐ Advance Directive or Living Will on File at:		
☐ Name of (POA) Power of Attorney for Healthcare:		

ALLERGIES

☐ Aspirin	☐ Penicillin	☐ None	☐ Unknown
☐ Barbiturate	☐ Sulfa	☐ Horse Serum	☐ Insect Sting/Bite
☐ Codeine	☐ Tetracycline	☐ X-Ray Dyes	☐ Latex
☐ Demerol	☐ Morphine	☐ Lidocaine	☐ Fentanyl
☐ Environmental			
☐ Other			
☐ Flu Shot Date			
☐ Tetanus Date			

FILE OF LIFE

MEDICATIONS		
Name	Dosage	Frequency
☐ None		

Attach Photo

Moore County Public Safety

P.O. Box 905

302 S. McNeill Street

Carthage, NC 28327

910-947-6317

For more information on the Yellow Dot or File of Life Programs go to:

www.moorecountync.gov/public-safety

For File of Life Red Folder & Yellow Dot Folder email: psadmin@moorecountync.gov

The Yellow Dot and File of File programs are sponsored by Emergency Response agencies within Moore County

Please Print Form ***and Attach Photo .***

Do Not SUBMIT.