

EMERGENCY L.I.F.E. LINE

Life Saving Information for Emergencies

(Keep this form in the front of your packet.)

Emergency Medical Information

I certify that the information on this form is accurate and up-to-date. I also understand that emergency medical personnel may rely on this information and I agree not to hold emergency personnel responsible for inaccurate or out-of-date information.

DATE COMPLETED _____ SIGNATURE _____

NAME:	
ADDRESS:	
CITY:	STATE:
ZIP CODE:	
SOCIAL SECURITY #:	

DATE OF BIRTH:	
SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PETS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE AND NAMES:	

PRIMARY MEDICAL PROBLEMS:

PRIMARY PHYSICIAN:
PHYSICIAN'S PHONE:
PHYSICIAN SPECIALISTS (cardiologist, neurologist, etc.)
PHYSICIAN:
SPECIALTY:
PHYSICIAN'S PHONE:
PHYSICIAN:
SPECIALTY:
PHYSICIAN'S PHONE:

HOSPITAL PREFERRED/REQUIRED:
HEALTH INSURANCE PROVIDER:
HEALTH INSURANCE #
SECONDARY HEALTH INSURANCE PROVIDER:
SECONDARY HEALTH INSURANCE #
MEDICARE #
MEDICAL #

MEDICAL INFORMATION:

ALLERGIES TO MEDICATION:
OTHER ALLERGIES:
CURRENT MEDICATIONS: (prescription and over-the-counter) NAME AND DOSE:

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MEDICAL INFORMATION (continued):

DO YOU HAVE A PACEMAKER? <input type="checkbox"/> YES <input type="checkbox"/> NO
MODEL #
DO YOU HAVE AN ADVANCED HEALTH CARE DIRECTIVE?
<input type="checkbox"/> YES <input type="checkbox"/> NO WHERE IS IT?
NAME OF YOUR ADVANCED HEALTH CARE DIRECTIVE
AGENT:
AGENT'S PHONE:
DO YOU HAVE A "DO NOT RESUSCITATE ORDER?"
<input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE ATTACH COPY)
BLOOD TYPE:
DO YOU WEAR ANY OF THE FOLLOWING:
CHECK ALL THAT APPLY
<input type="checkbox"/> DENTURES <input type="checkbox"/> HEARING AID
<input type="checkbox"/> CONTACT LENSES <input type="checkbox"/> EYE GLASSES
ORGAN DONOR <input type="checkbox"/> YES <input type="checkbox"/> NO
(IF YES, PLEASE SPECIFY OR ATTACH COPY)

PREVIOUS MEDICAL PROBLEMS:
CHECK ALL THAT APPLY
<input type="checkbox"/> HEART
<input type="checkbox"/> ASTHMA
<input type="checkbox"/> SEIZURES
<input type="checkbox"/> CANCER
<input type="checkbox"/> EPILEPSY
<input type="checkbox"/> HEMOPHILIA
<input type="checkbox"/> EMPHYSEMA
<input type="checkbox"/> LOW BLOOD PRESSURE
<input type="checkbox"/> HIGH BLOOD PRESSURE
<input type="checkbox"/> STROKE
<input type="checkbox"/> DIABETES
<input type="checkbox"/> AIDS
<input type="checkbox"/> GLAUCOMA
<input type="checkbox"/> HYPOGLYCEMIA
<input type="checkbox"/> ANEMIA
<input type="checkbox"/> OTHER _____

EMERGENCY CONTACTS (Immediate, local contacts):

NAME:
ADDRESS:
PHONE:
RELATION:

NAME:
ADDRESS:
PHONE:
RELATION:

NAME:
ADDRESS:
PHONE:
RELATION:

NAME:
ADDRESS:
PHONE:
RELATION:

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EMERGENCY L.I.F.E. LINE

Life Saving Information for Emergencies

What is the Emergency L.I.F.E. Line?

The *Emergency L.I.F.E. Line* is a comprehensive packet of information that is kept in the refrigerator of your home. In the event of an emergency, the first responders (Fire, Police, EMS) will be able to easily locate your emergency medical information, saving valuable time and providing you with the highest quality of care.

Why should I have one?

In an emergency, first responders need to obtain patient information and medical history very quickly. Sometimes this is difficult due to the stress of the situation, or the patient is unable to communicate. The *Emergency L.I.F.E. Line* can assure medical personnel that you have provided the information they need to better assist you and therefore enable doctors to better treat you.

How does the program work?

It's Easy!

- Fill out the enclosed sheets (or enclose similar information and medical history you may already have).
- Place the completed forms inside the red envelope and place the envelope in a visible area inside your refrigerator (visible upon opening door).

- Place the red magnet or sticker on the outside of your refrigerator, alerting the first responders of the location of your emergency information.
- Place the completed wallet card in your wallet.

Important Information!

The *Emergency L.I.F.E. Line* is only helpful if the medical information and contacts are kept accurate and up-to-date. Take the file with you when you visit your doctor and have them assist you in updating all relevant information. Make sure any hand written information is legible. Whenever there is a change in medication or dosage be sure to update your file immediately. Please complete a separate packet for each member of your household.

Peace of Mind...

Knowing this life saving information is available for emergency personnel will give you peace of mind. You will also be comforted to know the proper contacts (doctors, family, friends, and clergy) will be notified.

The *Emergency L.I.F.E. Line* packets are **free!** These packets are co-sponsored by:

**METHODIST HOSPITAL
FOUNDATION**
and
WOMEN'S LEADERSHIP COUNCIL

Additional copies of forms for updating are available at (6260 898-8888).

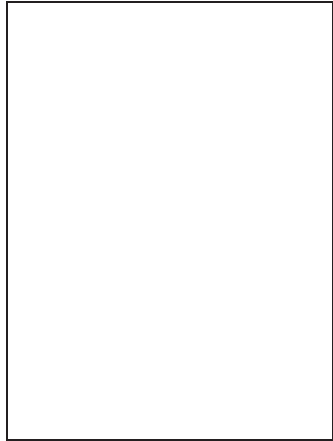
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Additional Information

Please write below any additional comments or instructions which would be helpful to emergency responders in assisting you during a personal emergency.

Attach a photograph of yourself so emergency personnel can match the information provided to the correct person.



Place current photo here

Horizontal lines for writing additional information.

Horizontal lines for writing additional information.

Insurance Cards

Place a copy of the **front** of your Insurance Card here

Place a copy of the **back** of your Insurance Card here

Insert additional pages if multiple insurances apply.

EMERGENCY L.I.F.E. LINE

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Emergency Contacts

Please contact the following individuals in a Medical Emergency:

FAMILY MEMBERS

NAME:
ADDRESS:
HOME PHONE:
CELL PHONE:
RELATION:

NAME:
ADDRESS:
HOME PHONE:
CELL PHONE:
RELATION:

NAME:
ADDRESS:
HOME PHONE:
CELL PHONE:
RELATION:

NAME:
ADDRESS:
HOME PHONE:
CELL PHONE:
RELATION:

PHYSICIANS/MEDICAL PERSONNEL

NAME:
ADDRESS:
OFFICE PHONE:
SPECIALTY:

NAME:
ADDRESS:
OFFICE PHONE:
SPECIALTY:

NAME:
ADDRESS:
OFFICE PHONE:
SPECIALTY:

NAME:
ADDRESS:
OFFICE PHONE:
SPECIALTY:

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Emergency Contacts

continued

CLERGY

NAME:
ADDRESS:
PHONE:
RELIGION:

OTHER

NAME:
ADDRESS:
PHONE:
RELATION:

NAME:
ADDRESS:
PHONE:
RELATION:

NAME:
ADDRESS:
PHONE:
RELATION:

NAME:
ADDRESS:
PHONE:
RELATION:

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EMERGENCY L.I.F.E. LINE
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Advanced Health Directive or
Power of Attorney
for Health Care

Other Important Health Records

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Wallet Card

IMPORTANT!

- Keep this card in your wallet.
- Keep all information current.
- Make a copy of this card & store on your car visor.

Additional Safety Ideas
 in Assisting Emergency Responders

EMERGENCY MEDICAL INFORMATION (PRINT)		MEDICAL CONDITIONS (PRINT)	
NAME: _____ DATE: _____			
ADDRESS: _____			
PHONE: _____ BIRTH DATE: _____			
BLOOD TYPE: _____			
DO YOU HAVE AN EMS-NO CPR DIRECTIVE OR DNR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE IS IT? _____		ALLERGIES AND DRUG REACTIONS: _____	
DO YOU HAVE AN ADVANCED HEALTH CARE DIRECTIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE IS IT? _____			
DIRECTIVE AGENT'S NAME: _____			
DIRECTIVE AGENT'S PHONE: _____			
PHYSICIAN AND PHARMACY CONTACTS		PRESCRIPTION MEDICATIONS	
PRIMARY PHYSICIAN: _____		NAME: _____ DOSE: _____ FREQUENCY: _____	
ADDRESS: _____			
PHONE: _____			
PHYSICIAN: _____			
ADDRESS: _____			
PHONE: _____			
PHARMACY NAME: _____			
ADDRESS: _____			
PHONE: _____			
CONTACT INFORMATION		OTHER MEDICATIONS & SUPPLEMENTS	
NAME: _____		NAME: _____ DOSE: _____ FREQUENCY: _____	
ADDRESS: _____			
PHONE: _____			
RELATIONSHIP: _____			
NAME: _____			
ADDRESS: _____			
PHONE: _____			
RELATIONSHIP: _____			

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ICE your Cell Phone

The I.C.E. (In Case of Emergency) is a system that highlights emergency contacts in your cell phone book by putting the acronym ICE in front of your designated emergency contact. This was created by British paramedic, Bob Brotchie, to assist emergency personnel as to who should be immediately contacted for a shocked or injured patient.

It is easy to do!

Follow these hints to get the best out of ICE:

- Make sure the person whose name and number you are giving has agreed to be your ICE partner
- Make sure your ICE partner has a list of people they should contact on your behalf – including your place of work
- Make sure your ICE person's number is one that's easy to contact, for example a home number could be useless in an emergency if the person works full time
- Make sure your ICE partner knows about any medical conditions that could affect your emergency treatment – for example allergies or current medication
- Make sure if you are under 18, your ICE partner is a parent or guardian authorized to make decision on your behalf – for example if you need a life or death operation
- Should your preferred contact be deaf, then prefix the number with ICETEXT

If your phone doesn't show the callers name any more...

This will be because your ICE contact number is a duplicate entry of another contact in your phone book. If you have two numbers the same, your phone won't know which one to display so it will show just the number. To get round this, simply type a * after the number under your ICE contact. It will still work and will cure the caller-ID problem.