

LIFE Kit

INSTRUCTIONS

1. Fill out this information sheet completely and legibly. (Get assistance, if required.)
2. When complete, place in the pouch.
3. Attach the pouch on the top shelf of your refrigerator on the right-hand side or in the top, left door shelf
4. Place the "LIFE Kit" magnet on the outside of the refrigerator.

KEEP THIS INFORMATION UP TO DATE			
DATE FILLED IN (YYYY-MM-DD)		DATE UPDATED (YYYY-MM-DD)	
FIRST NAME	MIDDLE NAME	LAST NAME	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW(ER)		
ADDRESS (STREET NUMBER)		APARTMENT NUMBER	
CITY/TOWN		PROVINCE	POSTAL CODE
TELEPHONE NUMBER		BIRTH DATE (YYYY-MM-DD)	
HEIGHT	WEIGHT	HAIR COLOUR	
CARE CARD NUMBER		BLUE CROSS NUMBER	
DO YOU WEAR A MEDIC ALERT TAG? IF SO, FOR WHAT CONDITION?			
IN CASE OF EMERGENCY NOTIFY			
NAME			
ADDRESS			
TELEPHONE NUMBER		RELATIONSHIP	
NAME			
ADDRESS			
TELEPHONE NUMBER		RELATIONSHIP	

LIFE Kit INFORMATION FOR EMERGENCIES

KEEP THIS INFORMATION UP TO DATE

FIRST NAME

MIDDLE NAME

LAST NAME

DO YOU HAVE A LIVING WILL OR DNR DOCUMENT - ENCLOSE. CONTACT INFORMATION OVER.

YOUR DOCTOR'S NAME

LIST MEDICAL PROBLEMS YOU ARE BEING TREATED FOR

LIST PREVIOUS SURGERIES

LIST ALLERGIES

LIST MEDICATIONS YOU ARE CURRENTLY TAKING

DO YOU WEAR DENTURES?

HAVE HEARING PROBLEMS?

TAKING BLOOD THINNERS?

DO YOU WEAR CONTACT LENSES?

OBTAIN AND INCLUDE A CURRENT MEDICAL HISTORY AND MEDICATION SUMMARY FROM YOUR GENERAL PRACTITIONER.

DOWNLOAD ADDITIONAL COPIES OF THIS FORM - www.invermererotary.org