



## FILE OF L.I.F.E. Citizen Information Sheet

Co-sponsored by the City of Evanston, Evanston Fire Department, and Evanston Police Department  
and generously funded through the Police and Fire Foundation

Last Name		First Name		Initial
Address (include ZIP code)			Phone #	
Date of Birth (mo./date/year)	Weight	Blood Type (if known)	Able to speak?	Native Language
My <b>MEDICAL HISTORY</b> includes following (please check (√) all that apply):				
<input type="checkbox"/> Cancer Type? _____		<input type="checkbox"/> COPD (Chronic Obstructive Pulmonary Disease)		
<input type="checkbox"/> CVA (Stroke) Affected which side of body? _____		<input type="checkbox"/> Diabetes Type 1 or 2 (circle one)		
<input type="checkbox"/> Heart attack What year? _____ Did you have surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No What type of surgical procedure? _____				
I currently have these other <b>MEDICAL CONDITIONS</b> :				
I take the following <b>MEDICATIONS</b> :				
I am <b>ALLERGIC TO THE MEDICATIONS LISTED BELOW</b> :			<input type="checkbox"/> NKA (No known allergies)	
<b>Is there someone designated as your POWER OF ATTORNEY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach or include in the bag with this document.				
Who is your DOCTOR, and what HOSPITAL do you prefer? The hospital you are transported to may be determined by the nature of your ailment/condition at time of the incident.				
DOCTOR NAME:		Phone #:		
HOSPITAL OF CHOICE:				
<b>Emergency Contact Information</b>				
Name			Relation	
Phone #		E-mail address		
<b>Are there any SPECIAL CONCERNS for the first responders? (Pets or any other hazards?)</b>				

Complete this form and place it inside the File of L.I.F.E. bag. Keep the bag in your freezer.