

File of Life



CITY OF CLEVELAND
Mayor Frank G. Jackson



Date Completed:	
What language(s) do you speak?	
Name:	
Address:	
City:	Zip Code:
Phone:	Gender:
Date of Birth:	Blind <input type="checkbox"/> Deaf <input type="checkbox"/>
Social Security Number Last Four Digits:	
Marital Status:	
Medicare Number:	
Other Insurance:	
Policy Number:	
Do you have an Advance Health Care Directive? Yes No	
If yes, where is the document located?	
If applicable, name and phone number of person with document:	
Do you have a Do Not Resuscitate order? Yes No	
Emergency Contacts: recommendation that one contact has a house key to secure home	
1.Name:	
Telephone #	Relationship:
2. Name:	
Telephone #	Relationship:
Religious preference:	
Pet's Information (Name & Type)	
Who should be called for pet care:	Telephone #
Medical Information	
Primary Doctor:	Telephone #
Secondary Doctor:	Telephone #
Medical Alert Device This information is needed if the system needs to be reset	
Do you have a medical alert device? Yes No	
If Yes, what is the company name and phone number?	

Medical Information			
Preferred Hospital:		Telephone #	
Height:	Weight:	Blood Type	
Normal Blood Pressure:			
Allergies to drugs or foods:			
Please list any medical conditions that apply (for example: cardiac, diabetes, memory loss, stroke):			
Surgeries (type and date)			
Do You:			
Wear dentures?	Yes	No	Use Wheelchair?
			Yes
			No
Wear contacts?	Yes	No	Use Oxygen?
			Yes
			No
Wear hearing aids?	Yes	No	Wear glasses?
			Yes
			No
Medications (Prescription, Over-the-counter Drugs, Vitamins, Herbal Supplements)			
Name		Purpose	
Dose-			
Name		Purpose	
Dose-			
Name		Purpose	
Dose-			
Name		Purpose	
Dose-			
Name		Purpose	
Dose-			
Name		Purpose	
Dose-			
Name		Purpose	
Dose-			

Cleveland EMS recommends that you keep a copy of your advance directive in this File of Life. It may also be helpful to include a current picture.

If you need assistance completing this File of Life or want additional copies, please call the Cleveland Department of Aging at 216-664-2833

Find us online at www.city.cleveland.oh.us/aging

Email at aging@city.cleveland.oh.us