ARBOR TRACE

File of Life

8/27/2015

Name: _____ Date of Birth: _____
Address: _____ SSN: _____
Phone: _____ Religion _____

Doctor: _____ Medicare Number: _____
Telephone: _____ Supplemental Ins: _____
Policy Number: _____
Group: _____

Health Care Proxy on file at: _____
Living Will on File at: _____

Do not Resuscitate Orders (via Physician): ☐ **Yes** ☐ **No**

Emergency Contacts/Family or Friends:
Name: _____
Address: _____
Telephone: _____

Information Current as of: _____ Blood Type: _____

Medication:

_____
_____
_____
_____
_____
_____
_____
_____

Allergies

Aspirin	☐	Lidocaine	☐
Barbiturates	☐	Morphine	☐
Codeine	☐	Novocaine	☐
Demerol	☐	Penicillin	☐
Horse Serum	☐	Sulfa	☐
Insect Stings	☐	Tetracycline	☐
Latex	☐	X-Ray Dye	☐
Other	☐		

Special Conditions/Remarks: _____

Medical Conditions: Check all that apply.

☐ No known medical conditions
☐ No known allergies
☐ Abnormal EKG
☐ Alzheimer's
☐ Angina
☐ Asthma
☐ Bleeding Disorder
☐ Cancer
Radiation ☐ Yes ☐ No
Chemotherapy ☐ Yes ☐ No
Remission ☐ Yes ☐ No
☐ Dementia
☐ Diabetes/Insulin Dependent
☐ Eye Surgery
☐ Glaucoma
☐ Hearing Impaired
☐ Hemodialysis Shunt
☐ Hypertension
☐ Memory Impaired
☐ Myasthenia Gravis
☐ Pacemaker/Defibrillator
☐ Both
☐ Renal Failure
☐ Seizure Disorder
☐ Sickle Cell Anemia
☐ Stroke/CVA
☐ Tuberculosis
☐ Other: _____

Keep all Information up to date!