



INFO-4-LIFE

HELP US HELP YOU



Info-4-Life is a program offered to Upper Township and Corbin City Residents that provides a document for you to fill with critical information that aids responders in providing care when you call 911 for a medical emergency. Once you have completed this form, place it on your refrigerator so it can be easily located by first responders. Also, make sure to update this form as information might change such as medications, medical history, age etc.

PLEASE PRINT CLEARLY AND ATTACH ANY ADDITIONAL DOCUMENTS
(MAKE COPIES SO WE CAN TAKE THEM WITH US)

PATIENT INFORMATION

NAME:	DATE OF BIRTH:
ADDRESS:	AGE:

EMERGENCY CONTACT INFORMATION

NAME:	RELATIONSHIP:
PHONE #:	

DO YOU HAVE A :

PRIMARY DOCTOR & PHONE #

DO NOT RESUSCITATE (DNR) _____
LIVING WILL _____

OTHER DOCTORS _____

PREFERRED HOSPITAL

If you have a DNR please attach it.
By law, we MUST have the DNR
in our possession to honor it.

DATE LAST UPDATED _____



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MEDICAL HISTORY

CIRCLE THOSE THAT APPLY - LIST OTHERS BELOW

HEART ATTACK	DIABETES	STROKE	ASTHMA
CANCER	SEIZURES	DEMENTIA	COPD
HIGH BLOOD PRESSURE	RECENT SURGERY	INFECTIOUS DISEASE	DIFFICULTY BREATHING

PRESCRIPTIONS TAKEN REGULARLY

FEEL FREE TO ATTACH A SEPERATE LIST IF THERE A LOT

ALLERGIES TO MEDICATIONS

OTHER PERTINENT INFORMATION
