

# South Milwaukee Fire Department File of Life

Phone: (414) 768-8191  Fax: (414) 768-8193

Dial 911 in an Emergency!

Date: \_\_\_\_\_ Revised Date: \_\_\_\_\_ Revised Date: \_\_\_\_\_

## Personal Information

Last Name			First Name		Middle Initial
Date of Birth	Sex	Weight	Blood Type	Race	
Address			City	Zip	
Social Security Number			Phone	Hospital of Choice	
Primary Insurance Co.			Secondary Insurance Co.		
Primary Insurance Numbers & Group			Secondary Insurance Numbers & Group		

## Past Medical History

Allergies	Cardiac	Surgery	Chronic Problems
<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Headaches
<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Hepatitis
Medical Allergies:	O Angina	O Abdominal	O HIV +
_____	O Arrhythmia	O Heart	O Hypertension
_____	O Cardiomyopathy	O Lung	O Paralysis
_____	O CHF	O Neurological	O Psychological
_____	O Congenital	Other _____	O Seizures
_____	O Implanted Defib	_____	O Substance Abuse
_____	O MI	_____	O TB
_____	Other _____	_____	O MRSA/VRE
			Other _____

## Current Medications

None  Unknown

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## Emergency Contact Information

Primary Physician	Physician Phone Number
Primary Contact Name & Relationship	Primary Contact Phone Numbers
Secondary Contact Name & Relationship	Secondary Contact Phone Numbers

Update information regularly! Use back of sheet to add additional information.  
If you have any questions please call or stop by the SMFD or go to our web site:  
<https://www.smwi.org/318/Emergency-Medical-Services-EMS>