



ENVELOPE OF LIFE

Please keep this document inside your Envelope of Life holder and place on refrigerator.

Date(s) updated: _____

Name (print): _____ Gender: M F

Date of birth: ____/____/____ Social Security # _____-____-_____

Preferred language: _____ Are you: Single Married Divorced Widowed I am a Parent

Address: _____ Phone: _____

Emergency Contacts:

Name _____

Relationship _____

Phone: home _____ cell _____ work _____

Name _____ Relationship _____

Phone: home _____ cell _____ work _____

Child information: (List your dependent children and special instructions, including a caregiver)

Pet information: (List pets and special instructions, including pet-sitter) _____

Medical History:

Height _____ Weight _____ Normal Blood Pressure: _____/_____ Blood Type _____

Have you enclosed: California Advanced Health Care Directive? Yes No Living Will? Yes No

Durable Power of Attorney form Yes No Do Not Resuscitate (DNR) Order Yes No

Do you:

Wear dentures? Yes No Glasses Yes No Contacts Yes No

Hearing aids? Yes No Use oxygen? Yes No Dosage: _____

Please complete second side

Have any prosthetics or implants? **Yes** **No** Please list _____

Drug Allergies (please specify)

Other Allergies (food, etc)

List major medical problems/physical disabilities/conditions (eg: heart problems, diabetes, asthma)

List past surgeries/injuries:

Current Immunizations:

Where are your immunization records kept? _____

Medications:

Where do you keep your medications? _____

Current Medications: (include prescription, over-the-counter, vitamins and herbal supplements)

Name: _____ Dosage/Time _____

Purpose: _____

Name: _____ Dosage/Time _____

Purpose: _____

Name: _____ Dosage/Time _____

Purpose: _____

Name: _____ Dosage/Time _____

Purpose: _____

If you take additional medications, please attach to this sheet and keep in Envelop of Life.