



Greendale Fire Department



File of Life

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"/> Unknown Medical Allergies: _____ _____ _____ _____ _____ _____ _____ | <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Angina <input type="radio"/> Arrhythmia <input type="radio"/> Cardiomyopathy <input type="radio"/> CHF <input type="radio"/> Congenital <input type="radio"/> Implanted Defib <input type="radio"/> MI Other _____ _____ _____ _____ | <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Abdominal <input type="radio"/> Heart <input type="radio"/> Lung <input type="radio"/> Neurological Other _____ _____ _____ _____ | <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Asthma <input type="radio"/> Bleeding Disor. <input type="radio"/> Cancer <input type="radio"/> COPD <input type="radio"/> CVA / TIA <input type="radio"/> Diabetic <input type="radio"/> Dialysis/Renal <input type="radio"/> Gastrointestinal Other _____ _____ _____ _____ | <input type="radio"/> Headaches <input type="radio"/> Hepatitis <input type="radio"/> HIV + <input type="radio"/> Hypertension <input type="radio"/> Paralysis <input type="radio"/> Psychological <input type="radio"/> Seizures <input type="radio"/> Substance Abuse <input type="radio"/> TB _____ _____ _____ _____ |

Current Medications

None Unknown _____

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 Greendale Fire Department.
 6200 West Loomis Road Greendale, Wisconsin 53129
 Phone: (414) 423-2131 ☎ Fax: (414) 423-2120
Always Dial 911 in an Emergency !