



FILE OF LIFE

*For EMS in case of medical emergency

Name: _____ D.O.B. _____

Address: _____

Emergency Contact: _____

Relation: _____ Phone #: _____

ALLERGIES TO MEDICATIONS _____

Doctor/Provider: _____

Phone #: _____

Primary Insurance: _____

ID #: _____

Secondary Insurance: _____

ID #: _____

Religious Affiliation: _____

Advance Directive Registry Yes () No ()
<https://www.virginiaregistry.org>

Virginia Do Not Resuscitate (DNR) Order Yes () No ()

Medical Condition(s): _____

Medication(s)

Dosage

<u>Medication(s)</u>	<u>Dosage</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Arlington County Agency on Aging
(703) 228-1700

