



Cranford Fire Department

File of Life

Full Name:	Age:	Date of Birth:
Home Address:	Home Phone #:	
Date File of Life Completed/Updated:	SS #:	

Health History

Please list any present conditions as well as any conditions in which you have had in the past

Heart Condition and/or Attack:	Stroke:
Cancer:	Diabetes:
Seizure Disorder:	High Blood Pressure:
Asthma:	Congestive Heart Failure:
Pacemaker:	Internal Defibrillator:
Psychiatric Illness:	COPD:
Other Medical Conditions:	

Current Medications

Medication Name	Dosage	Medication Name	Dosage
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

Food or Medication Allergies:
Are you allergic to latex?
Special Info (Living Will, Do Not Resuscitate Order, etc & locations of such):
Primary Physician Name & Telephone Number:

Emergency Contact Information

Health Insurance Info.

Name:	Company name:
Relationship:	Policy #:
Phone (Home):	Group #:
Phone (Cell/Work):	Phone #:

Please use the back of this form to list any other important info or emergency contact info

Please hang this form on your refrigerator

If you have questions or wish to obtain forms, please contact Cranford Fire Dept. at (908) 709-7360