PARAMEDIC SERVICES

FILE OF LIFE

Patient Medical Information

Name: _____

Last Updated: __D__/__M__/__Y__

Use QR Code to visit savable form

COUNTY OF SIMCOE

Personal Information

Full Name: _____
Date of Birth __D__/__M__/__Y__
Address:_____
City / Town:_____
Province:_____
Postal Code:_____
Health Card Number:_____
Home Phone:_____
Cell Phone: _____
Family Doctor:_____
Office Phone:_____

Emergency Contact

Full Name: _____
Home Phone:_____
Cell Phone: _____
Relationship:_____

Existing Medical Problems

Please describe below

Heart

_____
_____

Breathing

_____
_____

Stroke / TIA (mini stroke)

_____
_____

High Blood Pressure

_____
_____

Surgeries

_____
_____

Seizure

_____
_____

Diabetes

_____
_____

Psychiatric

_____
_____

Cancer

_____
_____

Mobility Issues or Falls

_____
_____

Other

_____
_____

COUNTY OF SIMCOE

PARAMEDIC SERVICES

Download form to fill in and print at home →

Do you have any regular in-home support services? *Please list below*

_____

_____

_____

_____

_____

****Allergies**

_____

_____

_____

Current Medications

Name	Dose	What is the medication for?

simcoe.ca/fileoflife