



**PARAMEDIC  
SERVICES**

# FILE OF LIFE

## Patient Medical Information

Name: \_\_\_\_\_

Last Updated:       /       /      

### Personal Information

Full Name: \_\_\_\_\_

Date of Birth       /       /      

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

\_\_\_\_\_  
\_\_\_\_\_

#### Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

