



File of Life

Johnson County Med-Act
11811 S. Sunset, Suite 1100
Olathe, Kansas 66061
www.jocogov.org/medact



Name:	Date filled out:
Address:	Phone:
DNR <input type="checkbox"/> Yes <input type="checkbox"/> No Where is it?	Birthday:
Emergency Contact: (name and phone)	Second Emergency Contact: (name and phone)
Social Security #:	Medicare #:
Other Medical Insurance:	
Doctor:	Other doctors:
Hospital choice:	2 nd Hospital choice:

Prescription Medicines: <input type="checkbox"/> None	Medical Conditions: <input type="checkbox"/> None
<input type="checkbox"/> Include additional info if needed	
Allergies: <input type="checkbox"/> None	Anything else we need to know in an emergency: <input type="checkbox"/> None
<input type="checkbox"/> Include additional info if needed	



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In Emergencies
Dial 9-1-1

Stroke Signs

- Confusion and/or Dizziness
- Numbness and/or Paralysis
- Drooping Eye and/or Mouth

Heart Attack Signs

- Chest Pain
- Radiating Pain in Shoulders, Neck, Jaw or arms
- Sweating, Nausea or Vomiting
- Shortness of Breath

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Keep this form up to date

For additional forms or information on our Educational programs either call (913) 715-1950 or visit us on the web at www.jocogov.org/medact