1. Complete this information kit completely and legibly. (Get assistance if required.)
2. When complete, place in plastic envelope provided.
3. Attach pouch on the top shelf of your refrigerator on the right-hand side.
4. Place one “LIFE Kit” decal on the outside of the refrigerator and the other “LIFE Kit” decal on the main entrance into your house.
5. If you have a LIVING WILL or DNR please fill out last line on next page. PROVIDE ORIGINAL OF DOCUMENT SIGNATURE CANNOT BE A PHOTOCOPY

KEEP THIS INFORMATION UP TO DATE			
Date Filled in (YYYY-MM-DD)		Date Updated (YYYY-MM-DD)	
First Name	Middle Name	Last Name	
Gender	Marital Status ☐ Married ☐ Divorced ☐ Single ☐ Widow(er)		
Address (Street Number)		Apartment	
City/Town		Province	Postal Code
Telephone Number		Birth Date (YYYY-MM-DD)	
Height	Weight	Hair Color	
Provincial Care Card Number	Extended Health Care Provider	Extended Health Care Number	
Do you wear medical alert ☐Yes ☐ No	Mobility: Do you use any of the below ☐ Cane ☐ Wheelchair ☐ Power Wheelchair ☐ Scooter ☐ Other		

IN CASE OF EMERGENCY PLEASE NOTIFY			
Name***CONTACT PERSON FOR LIVING WILL OR DNR* IF YOU HAVE ONE**			
Telephone Number		Relationship	
Name			
Telephone Number		Relationship	
Family Doctors and/or Specialists Name			
Do you speak English? ☐ Yes ☐ No	If not Mother Tongue?	Pharmacy	
Do you wear Contacts? ☐ Yes ☐ No	Do you wear Dentures? ☐ Yes ☐ No	Blood type (if known)	
***DO YOU USE BLOOD THINNERS?** ☐ Yes ☐ No			

Existing Conditions

☐ Aids	☐ COPD	☐ Hearing Problems	☐ Lung Trouble
☐ Alzheimer’s/Dementia	☐ Diabetes (Type 1)	☐ Heart Conditions	☐ Prostate Problems
☐ Asthma	☐ Diabetes (Type 2)	☐ Hepatitis	☐ Stomach/Bowel ☐ Liver Disease
☐ Blood Pressure (High)	☐ Epilepsy	☐ Kidney Disease	☐ Urinary tract
☐ Cancer	☐ Glaucoma infections		

PLEASE KEEP THIS UP TO DATE
What are you Currently being treated for?
Past Surgery
Allergies

LIST ALL MEDICATIONS, DOSAGE AND DATE PRESCRIBED		
MEDICATION	**DOSAGE**	**DATE PRESCRIBED (YYYY-MM-DD)**

***Are you allergic to any Medications: If yes, which ones(s)?**
***Do you have a living will or DNR Document-Enclose ORIGINAL (Signature must be original)** ☐ Yes ☐ No