



in partnership with...



Bayshore Guest Home & Gardens

(941) 400-3847 AL#11852

FILE OF LIFE Please fill out this form and place in the FILE OF LIFE red envelope. Keep this record on your refrigerator—at all times—in case of an emergency. **BE SURE TO ATTACH A LIST OF OF ALL CURRENT MEDICATIONS FROM ALL PHARMACIES.** If you need an additional form, visit: www.bayshorequesthome.com and download another one.

First Name: _____ Last Name: _____

Address: _____

Date of Birth: _____ Blood Type _____

Allergies: _____

Do Not Resuscitate Order (DNRO)? YES: _____ NO: _____ **You MUST include the YELLOW COPY in this envelope if applicable**

Coumadin: YES _____ NO _____ Dosage: _____

Pain medication? YES _____ NO _____ Dosage: _____

Medical Surrogate: _____ Power of Attorney: _____

Known medical conditions: _____

Preferred Hospital: _____

Medicare/Medicaid # _____ Secondary Ins: _____

Primary Care Doctor: _____ Phone: _____

Other Doctors: _____

Emergency CONTACTS:

Name: _____ Name: _____

Phone: _____ Phone: _____

Address: _____ Address: _____