



WEST DEER

EMERGENCY MEDICAL SERVICE, INC.



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ENVELOPE OF LIFE

Please fill in as much information as you can in the fields below

Fold and place the envelope of life in a visible area on the outside of your refrigerator.

Full Name:	
Date of Birth:	Today's Date:

What medical problems do you have? (Check/list all that apply)

Asthma/COPD/Emphysema	Other Medical Problems (list below)
Cancer	
Diabetes	
Heart Problems	
High Blood Pressure	
Seizures	
Stroke	
Pacemaker/Implanted Defibrillator	

What Medications do you take?

Drug Name	Dose	Drug Name	Dose

What allergies do you have? (Check/list in spaces provided)

No known drug allergies	Allergies

Place the ENVELOPE OF LIFE in a visible area on the outside of your refrigerator.
 Please remember to update your information every 6 months or after any changes.

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EMERGENCY MEDICAL SERVICES



ENVELOPE OF LIFE

Who are your emergency contacts?

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

Who are your doctors?

Doctor	Specialty	Phone Number

What hospitals do you go to?

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Is there any other information about you we should know?

Hard of hearing/Hearing Aid	Confined to bed	Contact Lenses
Speech problem	Use walker	Eyeglasses
Dentures	Use wheelchair	Metal Implants
Other		

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