



# City of Pittsburgh Emergency Medical Services



## Envelope of LIFE

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

Fold and place it on the refrigerator with a magnet

Full name	
Date of birth	Today's date

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

Asthma/ COPD/ Emphysema	Pacemaker/ Implanted Defib.
Cancer	Other medical problems
Diabetes	
Heart Problems	
High Blood Pressure	
Seizures	
Strokes	

### 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.**



**City of Pittsburgh  
Emergency Medical Services**

**Envelope of LIFE**

**Who is your emergency contact?**

Name	Home phone
Relationship	Cell phone

**Who are your Doctors?**

Doctor's name	Specialty	Phone number

**What hospitals do you go to?**

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**Is there any other information about you we should know?**


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### Supplementary

#### Additional spaces for medical problems


#### Additional spaces for medications

Drug name	Dose	Drug name	Dose

#### Additional spaces for allergies


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