



# Life-in-a-Bag

## Medical Information Form

Date Completed:

|  |  |   |  |   |   |               |                  |
|--|--|---|--|---|---|---------------|------------------|
| First Name   |  | Middle Initial  |  | Last Name   |   | Last 4 of SSN |                  |
| Address  |  |   | City   |   | State   |               | Zip              |
| Telephone #  |  | Date of Birth   |  | Male/Female   | Height  | Weight        | Blood type       |
| Religion (optional)  |  | Hearing Difficulties<br>(Check if yes) <input type="checkbox"/> | Vision Difficulties<br>(Check if yes) <input type="checkbox"/> | Dentures<br>(Check if yes) <input type="checkbox"/> | Unable to Speak?<br>(Check if yes) <input type="checkbox"/> |               | Primary Language |
| <b>Medical Conditions (Check if yes)</b><br>Heart Disease/Heart attack <input type="checkbox"/> Diabetes <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Asthma/COPD <input type="checkbox"/> Stroke <input type="checkbox"/> CHF <input type="checkbox"/> |  |   |  |   |   |               |                  |
| Kidney Disease/Dialysis <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Opioid Use <input type="checkbox"/> Other (Please List):   |  |   |  |   |   |               |                  |
| <b>Current Medications (Dosage &amp; Times a Day)</b>  |  |   |  |   |   |               |                  |
| <b>Allergies</b>   |  |   |  |   |   |               |                  |
| <b>Doctors Name and Phone Number (Primary Care preferred)</b>  |  |   |  |   |   |               |                  |
| <b>Special Instructions (MOLST, DNR, etc.)</b>   |  |   |  |   |   |               |                  |
| <b>Health Insurance Policy</b>   |  |   |  |   |   |               |                  |
| <b>Emergency Contact(s) – (Name, Phone Number, &amp; Relationship)</b>   |  |   |  |   |   |               |                  |



**Dear Citizen of Annapolis,**

The Annapolis Fire Department invites you to use the **Life-in-a-Bag Program**. The Life-in-a-Bag Program will give First Responders all the medical information they need to treat you most appropriately. The Life-in-a-Bag Program is designed to speak for you when you cannot speak for yourself. The Medical Information Form contains important medical information that can assist Emergency Medical Services providers to care for you if you are unable to speak for yourself. There are 4 simple steps to getting your Life-in-a-Bag kit ready:

|   |   |
|---|---|
| <p><b>1. Fill out the Life-in-a-Bag form.</b></p>  <ul style="list-style-type: none"> <li>Fill out the <b>Life-in-a-Bag</b> form. Answer all or any pertinent questions.</li> <li>Feel free to make blank copies of this form to keep your information current.</li> </ul>                                   | <p><b>2. Place the decal on the front of a plastic baggie. Place the form you filled out in the plastic baggie.</b></p>  <p>You may also consider placing the following items in the baggie:</p> <ul style="list-style-type: none"> <li>Living Will or Equivalent.</li> <li>DNR (Do Not Resuscitate) or MOLST form.</li> </ul> <p>You may ask your Physician for assistance with the form.</p> |
| <p><b>3. Place the baggie on your refrigerator door.</b></p>  <ul style="list-style-type: none"> <li>Securely tape the plastic baggie on your refrigerator door. This could be on the front or side of the refrigerator, whichever is most prominently visible and accessible to EMS personnel.</li> </ul> | <p><b>4. Place the second decal on your front door.</b></p>  <ul style="list-style-type: none"> <li>By placing the decal on your front door, it makes it highly visible for anyone responding to an emergency.</li> </ul>  |

If you do not want to display the sticker on your front door, place just the baggie on your refrigerator door.

You can print your Life-in-a-Bag form Online at:

<https://www.annapolis.gov/DocumentCenter/View/12304/AFD-Form-139---Medical-Info--Life-in-a-Bag-Citizen-Letter>

For more information, please contact: [EMS35@ANNAPOLIS.GOV](mailto:EMS35@ANNAPOLIS.GOV)



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**Alert Annapolis**

at [Alertannapolis.civicready.com](http://Alertannapolis.civicready.com)

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