

File of Life

生命檔案



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|---|--|
| Date Completed/這份《生命檔案》是什麼日期填寫的? | |
| What language(s) do you speak/您說什麼語言? | |
| Name/姓名: | Date of Birth/出生日期: ___ / ___ / ___ |
| Address/住址: | |
| City/城市: | Zip Code/郵編: |
| Phone/座機電話: | Cell/手機號碼: |
| Female/女 <input type="checkbox"/> Male/男 <input type="checkbox"/> Other/其他 <input type="checkbox"/> : _____ | Blind/視力障礙 <input type="checkbox"/> Deaf/聽力障礙 <input type="checkbox"/> |
| Married/已婚 <input type="checkbox"/> Single/未婚 <input type="checkbox"/> Divorced/離婚 <input type="checkbox"/> Widowed/喪偶 <input type="checkbox"/> Other/其他 <input type="checkbox"/> : _____ | |
| Social Security Number Last Four Digits/社會保障號碼(工卡號)的后四位: XXX - XX - ____ _ | |
| Medicare #/聯邦醫療保險號碼: | Medicaid #/醫療補助號碼: |
| Other Additional Insurance & Policy #/其他補充保險和保單號碼: | |
| Do you have an Advance Health Care Directive/您有《醫療照護事前指示》嗎? Yes/有 No/沒有 | |
| If yes, where is the document located? Name and phone number of person with document?/如果有, 這份《醫療照護事前指示》文件存放在哪裡? 由誰保管? 保管人的姓名和電話是? | |
| Do you have a Do Not Resuscitate order/您有《拒絕心肺復甦術同意書》嗎? Yes/有 No/沒有 | |
| Emergency Contacts Information/緊急聯繫人信息 (*建議一名緊急聯繫人可以有您的家門鑰匙) | |
| 1.Name/第一聯繫人姓名: | |
| Tel #/電話: | Relationship/關係: |
| 2. Name/第二聯繫人姓名: | |
| Tel #/電話: | Relationship/關係: |
| Religious Preference/您有什麼宗教信仰嗎? | |
| Pet's Information/寵物信息 Do you have pet(s)/您有養動物嗎? Yes/有 No/沒有 | |
| If yes, what is the name and type of your pet(s)? Who should be called for pet care? Name and phone number please?/ 如果有, 動物的名字和種類是? 您希望誰來照顧您的動物? 照顧人的姓名和電話是? | |
| Medical Alert/醫療報警裝置 Do you have a medical alert device/您在用醫療報警裝置嗎? Yes/是 No/否 | |
| If yes, what is the company name and phone number?/如果在用, 這個裝置的運營商的公司名字和電話是? | |

| Medical Information/醫療信息 | | |
|---|---------------------------------|------------------------------------|
| Primary Doctor/最常看的醫生: | | Tel #/辦公電話: |
| Secondary Doctor/其次常看的醫生: | | Tel #/辦公電話: |
| Preferred Hospital/最常去的醫院: | | Tel #/醫院電話: |
| Height/身高: ____kg公斤/ ____lbs. 磅 | Weight/體重: ____cm釐米/ ____ft. 英尺 | Blood Type/血型: |
| Normal Blood Pressure/平常的血壓: | | |
| Please list any medical conditions that apply (for example: cardiac, diabetes, hypertension, stroke)/ 請列出您的疾病史(如: 心臟病、糖尿病、高血壓、中風, 等等): | | |
| Surgeries (type and date) /請列出您的手術史(手術類型和日期): | | |
| Allergies to drugs or foods/請列出您的過敏史(會引起過敏的藥物或食物): | | |
| Do You... /您有以下這些情況嗎? : | | |
| Wear dentures/戴假牙? | Yes/是 No/否 | Wear hearing aids/戴助聽器? Yes/是 No/否 |
| Wear contacts/戴隱形眼鏡? | Yes/是 No/否 | Use Oxygen/用供氧機? Yes/是 No/否 |
| Wear glasses/戴框架眼鏡? | Yes/是 No/否 | Use Wheelchair/用輪椅? Yes/是 No/否 |
| Medications (Prescription, Over-the-counter Drugs, Vitamins, Herbal Supplements) / 請列出您經常用的藥品(處方藥、開架藥、維生素、中草藥, 等等) | | |
| Name/名稱: Dose/劑量- | Purpose/用處: | |
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克利夫蘭急救中心建議您：請將這份《生命檔案》貼在冰箱門上，並在紫色封套里也放一份您的《Advance Directive/ 醫療照護事前指示》和一張近期照片，這樣可以方便救護人員快速了解您的醫護信息。

如果您需要工作人員協助您填寫這份《生命檔案》或需要領取更多份文件，請聯繫克利夫蘭市老年部：

電話總機216-664-2833，郵件Aging@clevelandohio.gov，網址<https://www.clevelandohio.gov/>