How to Use OPERATION RED FILE

- 1. Fill out the medical information form.
- 2. Place the following items in the Red File:
 - Copy of EKG, do-not-resuscitate (DNR) order, Advance Directive, Medical Power of Attorney, and/or medication list
 - Clear, recent photograph of yourself
 - Medical information form

3. Place the Red File on your refrigerator where first responders can easily identify it and find your medical information.

4. Review medical information form every six months and update if necessary.

 Blank forms are available for print via the QR code or by visiting <u>www.kdads.ks.gov/orf-info-packet</u>. To receive by mail call 800-432-3535. Need a blank form?

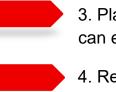


Scan me!





This project was supported in part by grant number 90MPPG0037 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.



OPERATION RED FILE Resources

SUSPECTED MEDICARE/MEDICAID FRAUD

- Kansas SMP (Senior Medicare Patrol):1-800-432-3535
- Kansas Attorney General's Medicaid Fraud Division: 1-866-551-6328

MEDICARE/MEDICAID QUESTIONS AND ASSISTANCE

- SHICK (Senior Health Insurance Counseling for Kansas): 1-800-860-5260
- KanCare Ombudsman: 1-855-643-8180

REPORT IDENTITY THEFT 1+2+3

- 1. Call your local police department or sheriff's office
- 2. Call the Kansas Attorney General's Office at 1-800-432-2310 or visit <u>www.InYourCornerKansas.org</u>
- 3. Call the Federal Trade Commission at 1-877-438-4338

OTHER RESOURCES

- Free Credit Report: 1-877-322-8228 or visit www.AnnualCreditReport.com
- Internet Crime Reporting: <u>www.ic3.gov</u>
- National Do Not Call Registry: 1-888-382-1222 or <u>www.DoNotCall.gov</u>
- Kansas Insurance Commissioners Consumer Assistance: 1-800-432-2484 or <u>insurance.kansas.gov</u>
- Kansas Long-Term Care Ombudsman: 1-877-662-8362 or <u>ombudsman.ks.gov</u>
- KDADS Nursing Facility Complaint Line: 1-800-842-0078
- Adult Abuse and Neglect (in the home): 1-800-922-5330
- Adult Abuse and Neglect (long-term care facilities): 1-877-662-8362





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Review every 6 months

Date Completed: _

Download new forms at <u>www.kdads.ks.gov/orf-info-packet</u>



BASIC INFORMATION										
Full Legal Name		Pho		hone Number						
Physical Address										
Date of Birth			Gender Primary		Language		Organ Donor?			
Height	Weight		Hair Color		Eye Color		Blood Type			
EMERGENCY CONTACTS										
Name / Address / Phone Number			Name / Address / Phor		Phone Nu	mber				
health ir		health inf	elease your ormation to this	Relationship		healt	we release your h information to this			
person? 🗆 Yes 🗆 No 👘 person? 🗆 Yes 🗔 N							on? 🗆 Yes 🗀 No			
MEDICAL CONDITIONS										
NO MEDICAL CONDITIONS Abnormal EKG			Eye Surgery Fractures			Laryngectomy Malignant Hyperthermia				
Adrenal Insufficiency										
			Heart Attack: Date			☐ Myasthenia Gravis				
□ Asthma			Hearing Impaired		\square Pacemaker					
Bleeding Disorder			☐ Hearing Aids			Pregnant: Due Date				
Cancer: Type			Heart Valve Prosthesis			□ Renal Failure				
□ Cardiac Dysrhythmia			Hemolytic Anemia			Seizure Disorder				
□ Cataracts			\Box Hepatitis			🗆 Sickle Cell Anemia				
□ Clotting Disorder			☐ High Blood Pressure			Stroke				
Coronary Bypass Graft			🗆 HIV / AIDS			🗆 Vision Impaired				
COPD / Emphysema			Hypertension			Glasses / Contact Lenses				
🗆 Dementia / Alzheimer's			🗆 Hypoglycemia			□ Other:				
Dentures			Internal Defibrillator							
🗆 Diabetes / Insulin Dependent			🗆 Kidney Problems							
CURRENT					PAST					
Medical Conditi	ions You	ı Are Being	Treated For	Med	lical Cond	litions You	Have	Been Treated For		



Review every 6 months

Date Completed: _

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MEDICATIONS								
Medications		Dosage	Frequency					
ALLERGIES								
	☐ Horse Serum		🗆 Sulfa					
□ Aspirin	□ Insect Stings		□ Tetracycline					
□ Barbiturates	□ Lidocaine		□ Tetanus					
□ Codeine			□ X-ray Dyes					
Demerol			□ X-ray Dyes					
Environmental Penicillin Other: MEDICAL CONTACTS								
Primary Physician / Phone Number	MEDICAL	r	Phone Number					
Primary Physician / Phone Number		Other Physician / Phone Number						
Pharmacy / Phone Number		Hospital Choice						
Medical Insurance Co		Policy #						
□ Medicare # □ Other □ Other								
	OTHER INF							
Note current providers, phon			nent documents if applicable.					
DNR (Do Not Resuscitate) Order	Living Will		Medical Power of Attorney					
Dialysis Care	Hospice Care		Preferred Funeral Home					

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ADDITIONAL INFORMATION

This space can be used to provide more information about your medical conditions, medications, wishes, and anything else that might help emergency personnel if you are unable to speak for yourself.

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MORE INFORMATION ON REVERSE



Review every 6 months Date Completed: _____ Download new forms at <u>www.kdads.ks.gov/orf-info-packet</u>



ADDITIONAL INFORMATION CONTINUED