

VIAL OF LIFE



Information & Assistance

1-800-339-4661

Updated On

____ / ____ / ____

Name _____

Blind Deaf Alzheimer's Disease or Related Dementia

Address _____ City _____ Zip _____

Phone # _____ Male Female Date of Birth _____

Social Security Number (last four digits) _____

Medicare Number (last four digits) _____

Other Insurance _____ Policy Number _____

Do you have an Advance Health Care Directive? Yes No

If yes, location _____ Agent _____ Phone # _____

Do you have a "Do Not Resuscitate Order" Yes No

Registered with Sheriff's "Take Me Home"? Yes No

Emergency Contacts

Name _____ Relationship _____ Phone # and E-mail _____

Name _____ Relationship _____ Phone # and E-mail _____

Caregiver _____ Phone # and E-mail _____

Clergy _____ Phone # and E-mail _____

Pet's Information Name & Type _____

Veterinarian _____ Phone # _____

Medical Information

Primary Doctor _____ Phone # _____

Secondary Doctor _____ Phone # _____

Hospital _____ Phone # _____

Height _____ Weight _____ Blood Type _____

Normal Blood Pressure _____

Allergies to drugs or foods _____

Please list any medical conditions that apply (for example: cardiac, diabetes, hypertension, stroke) _____

Surgeries (type and date)

Do you?

Wear dentures? Yes No

Wear glasses? Yes No

Wear contacts? Yes No

Use Oxygen? Yes No

Wear hearing aids? Yes No

Wheelchair? Yes No

Other Important Emergency Information

Immunizations

Where do you keep your medications?

Medications

(Prescription, Over-the-counter Drugs, Vitamins, Herbal Supplements)

Name	Dose-Frequency	Purpose
_____	_____	_____
Name	Dose-Frequency	Purpose
_____	_____	_____
Name	Dose-Frequency	Purpose
_____	_____	_____
Name	Dose-Frequency	Purpose
_____	_____	_____
Name	Dose-Frequency	Purpose
_____	_____	_____
Name	Dose-Frequency	Purpose
_____	_____	_____
Name	Dose-Frequency	Purpose
_____	_____	_____
Name	Dose-Frequency	Purpose
_____	_____	_____
Name	Dose-Frequency	Purpose
_____	_____	_____

Please record all information in a manner easy to read by emergency medical personnel.