

**QURAAARADDA
NOLOSHA**
(VIAL OF LIFE)



Macluumaad iyo Caawimaad

1-800-339-4661

La cusbooneysiiday

____ / ____ / ____

Magaca _____
(Name)

Indhoole
(Blind)

Dhagoole
(Deaf)

Cudurka Dhimir Beelidda ama La Xariirra Waallida
(Alzheimer's Disease or Related Dementia)

Cinwaanka _____ Magaalada _____ Sumadda Degaanka _____
(Address) (City) (Zip code)

Lambarka Telefoonka _____ Lab Dheddig Taariikhda Dhalashada _____
(Phone #) (Male) (Female) (Date of Birth)

Lambarka Dammaanada Bulshada (afarta lambar ee ugu dambeysa) _____
(Social Security Number (last four digits))

Lambarka Medicare (afarta lambar ee ugu dambeysa) _____
(Medicare Number (last four digits))

Caymis Kale _____ Lambarka Siyaasadda _____
(Other Insurance) (Policy Number)

Ma leedahay Dardaaranka Horumarsan ee Daryeelka Caafimaadka? _____ Haa Maya
(Do you have an Advance Health Care Directive?) (Yes) (No)

Haddii ay haa tahay, goobta _____ Wakiilka _____ Lambarka Telefoonka _____
(If yes, location) (Agent) (Phone)

Ma leedahay "Amarka Ha I Soo-Naaxinin" _____ Haa Maya
(Do you have a "Do Not Resuscitate Order?") (Yes) (No)

Ka diiwaangashan Booliska "Guriga I Gey"? _____ Haa Maya
(Registered with Sheriff's "Take Me Home"?) (Yes) (No)

Xiriirrada Xaaladda Degdegga ah (EMERGENCY CONTACTS)

Magaca _____ Cilaaqaadka _____ Lambarka Telefoonka iyo E-mail-ka _____
(Name) (Relationship) (Phone #, E-mail)

Magaca _____ Cilaaqaadka _____ Lambarka Telefoonka iyo E-mail-ka _____
(Name) (Relationship) (Phone #, E-mail)

Daryeelaha _____ Lambarka Telefoonka iyo E-mail-ka _____
(Caregiver) (Phone #)

Wadaad Diineed _____ Lambarka Telefoonka iyo E-mail-ka _____
(Clergy) (Phone #)

Macluumaadka Xayawaanka Rabbaayadda ah Magaca iyo Nooca _____
(PET'S INFORMATION) (Name & Type)

Dhakhtarka Xoolaha _____ Lambarka Telefoonka _____
(Veterinarian) (Phone #)

Macluumaad Caafimaad
(MEDICAL INFORMATION)

Dhakhtarka Aasaasiga ah _____ Lambarka Telefoonka _____
(Primary Doctor) (Phone #)

Dhakhtarka Labaad _____ Lambarka Telefoonka _____
(Secondary Doctor) (Phone #)

Cusbitaalka _____ Lambarka Telefoonka _____
(Hospital) (Phone #)

Dhererka _____ Culayska _____ Lambarka Telefoonka _____
(Height) (Weight) (Blood Type)

Caddaadiska Dhiigga ee Caadiga ah _____
(Normal Blood Pressure)

Xasaasiyadaha daawooyinka ama cuntooyinka _____
(Allergies to drugs or foods)

Fadlan qor liiska xaalado caafimaad kasta ee ku habboon (tusaale ahaan: cudurrada wadnaha, sonkorowga, dhiig-kar, faaliga) _____
(Please list any medical conditions that apply, for example: cardiac, diabetes, hypertension, stroke)

Qalliinno (nooca iyo taariikhda)
(Surgeries (type and date))

Miyaad?

(Do you?)

Xirataa ilkaha la gashado? Haa Maya
(Wear dentures?) (Yes) (No)

Xirataa xuub-arageed? Haa Maya
(Wear contacts?) (Yes) (No)

Xirataa kaabayaasha maqalka? Haa Maya
(Wear hearing aids?) (Yes) (No)

Xirataa muraayado ama ookiyaalo? Haa Maya
(Wear glasses?) (Yes) (No)

Adeegsataa Oksijiin? Haa Maya
(Use Oxygen?) (Yes) (No)

Adeegsataa gaariga naafada? Haa Maya
(Wheelchair?) (Yes) (No)

Macluumaadka Kale Xaaladaha Degdega ah ee Muhiimaka ah
(Other Important Emergency Information)

Tallaalo

(Immunizations)

Halkeed dhigataa daawooyinkaaga?

(Where do you keep your medications?)

Daawooyin (MEDICATIONS)

(Daawooyinka laguu qoro, Daawooyinka Farmashiyaha La Isaga Soo libsado Rijeeto La'aan, Faytamiinno, Daawooyinka Dhirta ah)
(Prescription, Over-the-counter Drugs, Vitamins, Herbal Supplements)

Magaca (Name)	Inta Jeer ee La Qaato Qiyaasta (Dose-Freq)	Ujeeddo (Purpose)
Magaca (Name)	Inta Jeer ee La Qaato Qiyaasta (Dose-Freq)	Ujeeddo (Purpose)
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Fadlan macluumaadka oo dhan u qor hab fudud oo ay akhrin karaan hawlwaadeennada caafimaadka xaaladaha degdegga ah.

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