VIAL OF LIFE

This Vial of Life containing your medical information is designed to help you and the Emergency Services personnel in a crisis.

DIRECTIONS: **Print information below in pencil.** Give special attention to current medications and to allergies. Keep the form updated.

LOCATION OF VIAL: Place the Vial of Life in your refrigerator or on the front of the refrigerator.

PERSONAL DATA

DATE filled out _____ (remember to change date as you revise)

NAME _____ SEX _____

ADDRESS _____

PHONE _____ DATE OF BIRTH _____ RELIGION _____

PRIMARY PHYSICIAN _____ PHONE NUMBER _____

SECONDARY PHYSICIAN _____ PHONE NUMBER _____

HOSPITAL PREFERRED _____

IN CASE OF EMERGENCY NOTIFY

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE WORK _____ PHONE HOME _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE WORK _____ PHONE HOME _____

MEDICAL COVERAGE

PRIMARY INSURANCE _____ # _____ PHONE _____

SECONDARY INSURANCE _____ # _____ PHONE _____

MEDICARE # _____ MEDICAID # _____

ALLERGIES

TO WHAT MEDICATIONS _____ OTHER _____

HEALTH INFORMATION

ARE YOU CURRENTLY ON CHEMO THERAPY? YES ☐ _____ NO ☐ _____

ARE YOU ON A BLOOD THINNER? _____ ARE YOU ON INSULIN? _____

HOW MUCH? _____ HOW OFTEN? _____

LIST MEDICATIONS YOU ARE TAKING AND THE DOSAGES:

_____ _____

_____ _____

_____ _____

_____ _____

PLEASE COMPLETE REVERSE SIDE

WHERE DO YOU KEEP YOUR MEDICATIONS? _____

BLOOD TYPE: _____ DO YOU WEAR DENTURES? _____

PACEMAKER? _____ MODEL NUMBER: _____

GLASSES? _____ CONTACTS? _____ HEARING AID? _____

ANY OTHER PROSTHESIS? _____

DO YOU PRESENTLY HAVE ANY MEDICAL INSERTED TUBES INTO YOUR BODY?

_____ TYPE: _____

ARE YOU USING OXYGEN _____ HOW MANY LITERS? _____

HAVE YOU BEEN DIAGNOSED OR TREATED FOR
CHECK ALL THAT APPLY

HEART DISEASE	☐	TENDENCY TO BLEED	☐
RHEUMATIC FEVER	☐	RESPIRATORY DISEASE	☐
CONGENITAL HEART	☐	TB	☐
HEART MURMUR	☐	ASTHMA	☐
CONGESTIVE HEART FAILURE	☐	COPD	☐
STROKE	☐	EMPHYSEMA	☐
ABNORMAL BLOOD PRESSURE	☐	GASTRIC DISEASE	☐
EDEMA/SWELLING	☐	ULCERS	☐
GLAUCOMA	☐	HIATAL HERNIA	☐
CATARACTS	☐	LIVER DISEASE	☐
DIABETES (HIGH SUGAR)	☐	HEPATITIS	☐
HYPOGLYCEMIA (LOW SUGAR)	☐	JAUNDICE	☐
AIDS	☐	GALL BLADDER DISEASE	☐
ANEMIA	☐	ARTHRITIS	☐
		EPILEPSY	☐
		CANCER	☐

COMMENTS:

_____

_____

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