VIAL OF LIFE

To assist EMS in case of a medical emergency, please complete both sides of this form and place it in the pill bottle. Print your name on one Vial of Life label, peel off the backing and place it on the pill bottle. Store the pill bottle on the top right shelf of your refrigerator. Place other stickers on your refrigerator door and the front door of your house. Please print clearly and revise information periodically.

Name		Sex: M F
Address		
Telephone	Date of birth	
Doctor	Dr.'s phone	
Allergies: Medications		
Food		
	Other	a major.
Check below the conditions	that you have had in the past or ha	ve now:
AIDS/HIV	Emphysema, Chronic br	
Anemia	Glaucoma	Seizures
Asthma	Heart condition	Stroke
Cancer (type)	Hepatitis, Liver disease	Tuberculosis
Diabetes	High blood pressure	Ulcers
Other		
Pacemaker: yes no	Defibrillator: yes no	Insulin pump: yes no
Contact lenses: yes no	Dentures: yes no	Prostheses: yes no
4		
List all prescription and over	er the counter medications you are co	urrently taking:
Name	Strength	1
1		
	·	
	·	

List major surgeries you have l	nad Date
Do you have:	
A "Living will" or advanc	ed directive? Voc No
Is there any other information	ot Resuscitate" order signed by your doctor? Yes No
emergency medical care?	hat would help EMS or hospital personnel in providing your
120	
Persons to contact in an emerg	
Name	¥
Address	· · · · · · · · · · · · · · · · · · ·
Day phone	Night phone
Namo	Walasian .
Address	relation
Doy phone	Nichton
Day phone	Night phone
Nama	vo lašio n
	relation
	NP-1-1
Day phone	Night phone