

Vial of Life Medical Information Form

Date completed: _____

Name: _____ Address: _____

Date of Birth: _____ Weight: _____ Height: _____ Blood Type: _____

Emergency Contact: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell: _____

Lives with: _____ Social Security # _____ - _____ - _____ Sex: Male Female
(optional)

Medicare # _____ Other Insurance: _____

Primary Language: _____ Dentures: upper lower

Family Doctor: _____ Phone: _____

Do you have an Advanced Directive (Durable Power of Attorney for Healthcare, Pre-hospital Do Not Resuscitate)? Yes No

If you want these wishes followed enclose a copy in this vial.

Medical History (chronic conditions such as, high blood pressure, diabetes, recent surgeries):

Vision: _____ Hearing problems: _____

Currently being treated for: _____

Current Medication Names (Prescription or over the counter)	Dose	How many times a day?
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies (Medication or other):

Comments:

Vial of Life Instructions

- Fill out the information sheet on the back side of this form
- Fold and roll the information Sheet into the vial
- Place the vial in the inside shelf of the door of your refrigerator
- Place the magnet on the upper right hand corner of your refrigerator
- Keep your information sheet updated as necessary and make a copy to keep, as it may be taken to the hospital

