

## VIAL OF LIFE

To assist EMS in case of a medical emergency, please complete 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: \_\_\_\_\_

Latex: Yes \_\_\_ No \_\_\_ Other: \_\_\_\_\_

Check below the conditions that you have had in the past or have now:

AIDS/HIV       Emphysema, Chronic bronchitis     Kidney disease

Anemia       Glaucoma       Seizures

Asthma       Heart condition       Stroke

Cancer (type): \_\_\_\_\_  Hepatitis, Liver disease     Tuberculosis

Diabetes       High blood pressure       Ulcers

Other: \_\_\_\_\_

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Pacemaker: Yes \_\_\_ No \_\_\_ Defibrillator: Yes \_\_\_ No \_\_\_

Insulin pump: Yes \_\_\_ No \_\_\_ Contact lenses: Yes \_\_\_ No \_\_\_

Dentures: Yes \_\_\_ No \_\_\_ Prostheses: Yes \_\_\_ No \_\_\_

List all prescription and over-the-counter medications you are currently taking:

Name	Strength	Times per day	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## VIAL OF LIFE

List major surgeries you have had:

Surgery/Procedure: \_\_\_\_\_

Date: \_\_\_\_\_

Surgery/Procedure: \_\_\_\_\_

Date: \_\_\_\_\_

Surgery/Procedure: \_\_\_\_\_

Date: \_\_\_\_\_

Surgery/Procedure: \_\_\_\_\_

Date: \_\_\_\_\_

Surgery/Procedure: \_\_\_\_\_

Date: \_\_\_\_\_

Do you have:

- A "Living will" or advanced directive? Yes \_\_\_ No \_\_\_

- A North Carolina "Do Not Resuscitate" order signed by your doctor? Yes \_\_\_ No \_\_\_

Is there any other information that would help EMS or hospital personnel in providing your emergency medical care?

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Persons to contact in an emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**VIAL OF LIFE**

Address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Night phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Night phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Night phone: \_\_\_\_\_