

**VIAL of L.I.F.E.**  
**Lifesaving Information for Emergencies**  
*Don't Forget to Update!*



**Patient Information:**

Name:	Date of Birth:
Address:	Gender:      Male      Female
City:	State:      Zip Code:
Social Security No.:	Phone: (      )

**Current Medical Conditions: (Check all that apply)**

<input type="checkbox"/> Heart	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Stroke	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Seizures	<input type="checkbox"/> Emphysema	<input type="checkbox"/> AIDS	<input type="checkbox"/> Anemia
<input type="checkbox"/> Cancer	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Others: _____			

**Health Information:**

Allergies to medication:	
Other allergies:	
Current medications:	
Name / Dose	Name / Dose
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.
Do you have a pacemaker?    Yes    No	Model #      Blood Type:
Do you have an Advance Directive?    Yes    No    Where is It?	

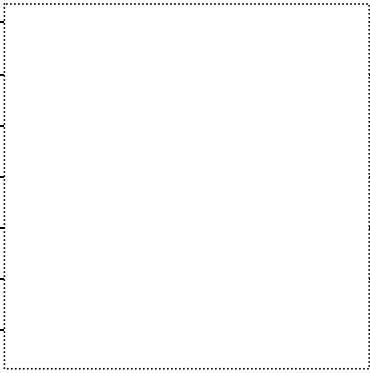
**Doctor/ Hospital/ Insurance:**

Doctor's name:	Doctor's phone #
Doctor's name:	Doctor's phone #
Hospital preference:	Have you been a patient there?    Yes    No
Medicare #	Medical #
Other health insurance:	Health insurance #

**Please Complete the Reverse Side**

Please write below any comments or instructions, which would be helpful to emergency responders in assisting you during a personal emergency. Attach a photograph of yourself so Emergency Personnel can match the information provided to the correct person.

**Additional information:**



**Place Photo Here**

**Emergency References:**

Name:	Phone#
Address:	Relation:
Name:	Phone#
Address:	Relation:
Name:	Phone#
Address:	Relation:

I certify that the information on this form is accurate and up-to-date. I also understand that Emergency Responders may rely on this information to treat me. I agree not to hold Emergency Responders responsible for inaccurate or out-of-date information.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**