# Vial of Life

Date:	Medical Information For	'n
0.00		

Name:	Address:_				
Home Phone #:	Lives with:				
Birth date:	Social Security #:			Sex: M / F	
Eye Color:	Hair Color:	Height:	Weight:		
Ambulatory: Y / N Me	dicare #:	Medi-Cal#:			
Other Insurance:					
Physician:		Phone #:			
Emergency Contact Nar	ne:	Relationship:			
Home Phone #:	Work Phone #:	Cell Phone #:			
Medical History:					
Medications:					
	/ Other (Circle One)				

## VIAL OF LIFE PROJECT





### In a Medical Emergency, dial 911

### **STEP #1**: Fill out the Vial of Life Forms

- Make and keep blank copies of the Medical Information Form for future medical updates.
- Fill out the Medical Information Form answering all relevant questions. This information
  will help Emergency Medical Services during an emergency. If a question makes you
  uncomfortable just leave it blank.

#### **STEP #2**: Place the Forms in the Plastic Baggie

- Place the Medical Information Sheet (along with your Physician's Orders for Life-Sustaining Treatment Form, and your Durable Power of Attorney, if applicable) into the plastic baggie and place inside your refrigerator door.
- You may also consider placing the following items into the baggie copy of EKG, a recent picture of yourself or any other items that you feel would be important.

#### **STEP #3**: Place the Magnet on the Outside of the Refrigerator Door

- Place the magnet at eye level so it can easily be seen by anyone responding to an emergency.
- If at all possible, place the magnet on the opposite side of where the Vial of Life is located inside your refrigerator.
- Place the window cling on a window near your front door