

VIAL OF LIFE: MEDICAL INFORMATION
Information & Assistance/ Información y Ayuda
1-800-339-4661 | www.aging.sandiegocounty.gov



Updated On / versión actualizada: ____ / ____ / ____

Name/Nombre _____

Blind/ Ciego Deaf/ Sordo Alzheimer's Disease or Related Dementia/ Alzheimer u otra demencia

Address/Dirección _____ City/Ciudad _____ Zip/Código Postal _____

Phone/Teléfono _____ Male/Hombre Female/Mujer Date of Birth/ Fecha de Nacimiento _____

Social Security # Last Four Digits/Número de Seguridad Social; Cuatro últimos dígitos _____

Medicare # (Last Four Digits)/Número de Medicare—Cuatro últimos números _____

Other Insurance/Otra aseguranza médica _____ Policy Number/ Numero de póliza _____

Do you have an Advance Health Care Directive?/¿Tiene Usted un Formulario Directivo Medico Anticipado? Yes/Si No

If yes, location / Si la respuesta es sí, ¿Dónde está? Agent/Quien Responsable _____ Tel#/Teléfono _____

Do you have a Do Not Resuscitate order?/Tiene usted un formulario de no resucitar? Yes/Si No

Registered with Sheriff's 'Take Me Home'?/ Está registrado con el programa "Take Me Home"? Yes/Si No

Emergency Contacts/Contacto de emergencia

Name/Nombre _____ Relationship/Relación _____ Tel# E-mail/Teléfono/Correo electrónico _____

Name/Nombre _____ Relationship/Relación _____ Tel# E-mail/Teléfono/Correo electrónico _____

Caregiver/Cuidador _____ Tel# /Teléfono _____

Clergy/Clérigo _____ Tel# /Teléfono _____

Pet's Information/Información de la Mascota- Name & Type/ Nombre e Tipo _____

Veterinarian/Veterinario _____ Tel# /Teléfono _____

Medical Information/Información de Médica

Primary Doctor/Doctor Primario _____ Tel# /Teléfono _____

Secondary Doctor/Doctor Secundario _____ Tel# /Teléfono _____

Hospital/Hospital _____ Tel# /Teléfono _____

Height/Estatura _____ Weight/Peso _____ Blood Type/Tipo de Sangre _____

Normal Blood Pressure/Presión Arterial Normal _____

Allergies to drugs or foods/Alegarías a medicamentos o alimentos _____

Please list any medical conditions that apply/Favor de marcar cada condición medica que aplica

(for example: cardiac, diabetes, hypertension, stroke / Por ejemplo: cardiaca, diabetes, hipertensión, derrame cerebral)

Surgeries (type and date) / Cirugía (tipo y clase)

Do You/ Usted

Wear dentures?/¿Usa dentadura postiza?	Yes/Si <input type="checkbox"/>	No <input type="checkbox"/>	Wear glasses?/¿Usa lentes?	Yes/Si <input type="checkbox"/>	No <input type="checkbox"/>
Wear contacts?/¿Usa lentes de contacto?	Yes/Si <input type="checkbox"/>	No <input type="checkbox"/>	Use oxygen?/¿usa oxígeno?	Yes/Si <input type="checkbox"/>	No <input type="checkbox"/>
Wear hearing aids?/¿Usa audífonos?	Yes/Si <input type="checkbox"/>	No <input type="checkbox"/>	Wheelchair?/¿usa silla de ruedas?	Yes/Si <input type="checkbox"/>	No <input type="checkbox"/>

Other Important Emergency Information / Otra información importante de emergencia

Immunizations / Vacunas

Where do you keep your medications?/ ¿Dónde guarda sus medicamentos?

Medications/Medicamentos

(Prescription, Over-the-counter Drugs, Vitamins, Herbal Supplements)

(Recetas médicas, Medicamentos Sin Receta, Vitaminas, Hierbas Medicinales)

Name/Nombre	Dose-Freq/Dosis-Frecuencia	Purpose/¿Para Que Es?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please record all information in a manner easy to read by emergency medical personnel.
Por favor de registrar toda la información de una manera fácil de leer por personal médico de emergencia.**

Vial of Life Introduction

Nobody wants to imagine themselves or a loved one having a medical emergency. But when reality hits, being prepared can mean the difference between life and death. In event of an emergency, first responders such as firefighters or paramedics will need to know about the patient's health conditions, medications, and emergency contacts.

They will have to ask the patient's family, or sometimes even the patient themselves if they are alone. Being able to accurately and thoroughly convey all of this information is critical for the medical personnel's plan of treatment. Why risk forgetting details in such a time sensitive situation? The County of San Diego, Health and Human Services Agency is happy to offer a completely free and convenient solution: the Vial of Life.

What is the Vial of Life? The Vial is a convenient and practical way of recording you, or a loved one's medical information and having it ready for an emergency. The Vial consists of three pieces: an outer plastic sleeve, an inner form with the information, and a Vial of Life sticker for letting first responders know to look for the Vial when they arrive.

By having medical information written down beforehand, you can not only save time, but also ensure accuracy and save lives. Emergency responders will be able to provide the proper life saving treatment faster and more efficiently.

Setting up a Vial for yourself or someone you know is easy as 1-2-3. Keep scrolling below for more information!

1

Step 1: Request a vial

Request a free Vial of Life today by:

Contacting your local Project CARE provider

Calling Aging & Independence Services and ask to have a Vial delivered to your address:

[1-800-339-4661](tel:1-800-339-4661)



2

Step 2: Fill out the form

Take the inner paper slip out of the plastic sleeve and fill out the categories as described

The form comes in both English and Spanish on the same form

When finished, fold the form and re-insert back into the plastic sleeve



3

Step 3: Stick Vial on Fridge

Remove the purple Vial of Life sticker from the plastic sleeve

Attach sticker to your front doorframe, or other visible location for paramedics to see

They will know to look for the Vial of life if they see this sticker

Attach Vial of Life to refrigerator or other visible, magnetic location in home

Your Vial of Life is now ready!

