

VIAL OF LIFE

www.projectcareSD.org



**For Information
And
Assistance Call:
1-800-510-2020**

Today's Date _____

Name _____ Social Security # (Last Four Digits) _____

Address _____ City _____ Zip _____

Phone # _____ Date of Birth ____/____/____ Gender: M F

Preferred Language _____ Single Married Divorced Widowed

Medicare # (Last Four Digits) _____

Secondary/HMO Insurance Co. _____ Policy # _____

Have you filled out a **California Advance Health Care Directive**? Yes No

If yes, Location _____ Agent _____ Phone # _____

Have you requested a Do Not Resuscitate order? Yes No If Yes, enclose.

Are you registered with Sheriff's 'Take Me Home'? Yes No

In Case of Emergency Notify: (e-Mail Contact: _____)

Name _____ Relationship _____ Ph# _____

Name _____ Relationship _____ Ph# _____

Clergy _____ Ph# _____

Pet's Information

Pet Name/Type _____ Pet Sitter Name _____ Ph# _____

Medical Information

Primary Physician _____ Ph# _____

Secondary Physician _____ Ph# _____

Hospital: _____ Ph# _____

Normal Blood Pressure _____ Height _____ Weight _____

Blood Type _____

Drug Allergies (*specify*) _____

Food or Other Allergies (*specify*) _____

What medical problems/physical disabilities do you have? (for example: heart problems, diabetes, high blood pressure, etc.) _____

Past Surgeries: (type and date) _____

(Continued on other side)

Do You:

Wear dentures? Yes No **Wear glasses?** Yes No

Wear contacts? Yes No **Use Oxygen?** Yes No

Wear hearing aids? Yes No **Use wheelchair?** Yes No

Other Important Emergency Information: _____

Current Immunizations:

Where do you keep your medications?

Current Medication: (all prescription and over-the-counter drugs, vitamins, and herbal supplements)

Name: _____ Dosage/Time _____ Purpose _____

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Name: _____ Dosage/Time _____ Purpose _____

Name: _____ Dosage/Time _____ Purpose _____

Name: _____ Dosage/Time _____ Purpose _____

Name: _____ Dosage/Time _____ Purpose _____

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Name: _____ Dosage/Time _____ Purpose _____

Please record all medical information in a manner easy to read and understand by emergency medical personnel.