



How to use the **VIAL** of **LIFE**

1. Fill out the Vial of Life form

- Make blank copies prior to use later for updated information.
- Fill out the form on the back of this page.
- Answer all pertinent questions.
- All questions and information is optional.

2. Prepare your Information

- Prepare your Vial of Life envelope.
- Write your name and birthday on the label.
- Fold the form and place in Vial of Life envelope. Consider adding other information such as EKG's, DNR's, insurance and small recent photo.



3. Place Vial of Life bottle in your refrigerator

- Place Vial of Life envelope in your refrigerator.
- The best location is on the door shelf to be visible right when the door is open.



4. Apply your door decal

- Apply the Vial of Life Participant decal on your front door and/or on the outside of your refrigerator.

More information available online at
www.pearlriverfire.org/vialoflife



VIAL of LIFE

Medical Information Form

DATE COMPLETED: _____

Last Name	M.I.	First Name	Date of Birth	Social Security Number			
Street	City	State	Zip Code	Phone Number			
Gender	Height	Weight	Hair Color	Eye Color	Blood Type	Last Tetnus Shot	Organ Donor?
							Yes No

MEDICAL HISTORY (Circle all that apply)

Stroke Heart Attack Diabetes - Insulin Dependent? - YES / NO High Blood Pressure
 Pacemaker / Defibrillator Stents Heart Bypass Surgery Dementia Alzheimers
 Congestive Heart Failure Asthma COPD Kidney Problems Seizures Hearing Difficulties
 Vision Difficulties Dentures - Upper / Lower Unable To Speak Pregnant
 Cancer - Type(s) _____ Psychiatric _____
 Other or Additional _____

ADDITIONAL HISTORY

Past Surgeries _____
 Allergies _____

MEDICATIONS (Name, Dose and time the medication is taken)

SOCIAL HISTORY

Current Smoker? YES / NO If yes, Pack(s) a day _____ Past Smoker? YES / NO Years _____
 Drinker? YES / NO? Type _____ Amount _____ Past Drinker? YES / NO
 Recreational Drug User? YES / NO If yes, what type _____ Amount _____
 Additional Information _____

PHYSICIANS

Name _____ Specialty _____ Phone No. _____
 Name _____ Specialty _____ Phone No. _____
 Name _____ Specialty _____ Phone No. _____

EMERGENCY CONTACTS

Name _____ Relationship _____ Phone No. _____
 Name _____ Relationship _____ Phone No. _____

INSURANCE INFORMATION & HOSPITAL PREFERENCE

Private _____ Policy # _____ Group # _____
 Medicare _____ Medicaid _____ Hospital Preference _____

DO YOU HAVE A 'DO NOT RESUSCITATE' LIVING WILL REQUEST? (If yes, attach a copy to this form)

For more information, please visit us online at www.pearlriverfire.org
 email us at contact@pearlriverfire.org or call 985.256.4705.

PLACE FORM IN "VIAL OF LIFE" ENVELOPE AND PLACE ON DOOR SHELF INSIDE OF YOUR FRIDGE