



VIAL OF LIFE

Specializing in
Services to Seniors



PERSONAL INFORMATION

Date Form Completed: _____

Name:	Age:	Date of Birth:
Address:	Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female
City: Zip Code:	SSN#: (Optional)	
Phone:	Weight:	
Emergency Contact Name:	Emergency Contact Phone:	
Physician Name:	Physician Phone:	
Health Insurance:	Policy #:	

MEDICAL INFORMATION

Do you have an active Do Not Resuscitate (DNR)? (If yes, please attach?) Yes No

Do you have an Advanced Health Care Directive? Yes No

Are you an organ donor? Yes No

Name of Designated Agent: _____ Agent's Phone: _____

Blood Type: _____ Religious Preference: _____

Medical Conditions: Check all that apply. ✓

AIDS	Epilepsy
Allergies	Glaucoma
Anemia	Heart Disease
Asthma	Hemophilia
Cancer	Hypoglycemia
Diabetes	Stroke
Emphysema	
High Blood Pressure	Low Blood Pressure

Medications: (Name and Dose)

Medication	Dose	Medication	Dose

See Other Side

Medications Continued: (Name and Dose)

Medication	Dose	Medication	Dose

Other Information (language spoken, deaf, blind and or other special needs): _____

WHAT IS THE VIAL OF LIFE PROGRAM?

The Vial of Life is a medical history document that provides crucial personal and medical history in case of an emergency. The documents provide paramedics and firefighters with crucial personal and medical information that will speak for you if you are unable to communicate in the event of an emergency.

HOW DO I USE THE VIAL OF LIFE?

There are six easy steps to using the Vial of Life.

1. Fill out the information completely; making sure it is current and legible.
2. Fold and roll the completed information form and place it in the plastic vial. (If you have a “Do Not Resuscitate” form be sure to attach a copy.)
3. Place the vial containing your medical information on the top shelf of your refrigerator door.
4. Place the Vial of Life sticker on the door of your refrigerator at about the same location as the vial inside.
5. Place another Vial of Life sticker on your front door.

* You can keep an additional Vial of Life in the glove compartment of your car.

HOW OFTEN DO I NEED TO UPDATE THE INFORMATION?

The Vial of Life will only work if the information is accurate and complete. For a new form visit www.sutterauburnfaith.org, www.sutterroseville.org, or www.seniorsfirst.org. You can also call:

SENIORS FIRST™/SENIORLINK

Placer County Senior Information & Assistance

13620 Lincoln Way, Suite 370

Auburn, CA 95603

530-889-9500

800-878-9222

www.seniorsfirst.org

The Vial of Life Program in Placer County is a collaborative program of:

American Medical Response
Auburn Fire Department
CDF/Placer County Fire
Lincoln Fire Department
Loomis Fire Protection District
Newcastle Fire Protection District

Penryn Fire Protection District
Placer Consolidated Fire District
Placer Fire Protection District
Rocklin Fire Department
Roseville City Fire Department
South Placer Fire Protection District

Sutter Auburn Faith Hospital
Sutter Roseville Medical Center
Seniors First™/SeniorLink