

American Medical Alarms sponsors the Vial of Life Program.

Please cut out the two Vial of Life pictures below. Fill out the Vial of Life form and put it behind one cut out in a plastic bag and tape the bag to the front of your refrigerator. Then put the second cut out in a bag and tape it on the outside of your front door. Be sure to amend the information on your Vial of Life form as your medications and or medical information changes. You can print new forms anytime you need them by visiting our website:

www.americanmedicalalarms.com



Thank you!

American Medical Alarms

VIAL OF LIFE

DATE COMPLETED: _____

EMERGENCY MEDICAL INFORMATION - FOR RESCUE SQUAD

Sponsored by American Medical Alarms, Inc. - Phone Toll Free (800) 542-0438

FIRST NAME			INITIAL	LAST NAME			SOCIAL SECURITY NUMBER		
STREET			CITY		STATE	ZIP	TELEPHONE		
DATE OF BIRTH	MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE	RELIGION		
IF PACEMAKER, MODEL #		DEFIBRILATOR, MODEL #		HEARING AID	DEAF	DENTURES		UNABLE TO SPEAK	
				L R	L R	UPPER LOWER		<input type="checkbox"/>	
VISION	GLASSES	CONTACTS		BLIND	ARTIFICIAL EYE	NATIVE LANGUAGE IF NOT ENGLISH			
				L R	L R				
IDENTIFYING MARKS:									
CIRCLE CONDITIONS YOU HAVE BEEN TREATED FOR IN THE PAST									
AIDS	BLOOD PRESSURE	EPILEPSY	HEART CONDITION	TUBERCULOSIS					
ANEMIA	CANCER	GLAUCOMA	JAUNDICE	OTHER:					
ARTHRITIS	DIABETES	HAY FEVER	SINUS						
ASTHMA	INSULIN Y / N	HEPATITIS	STROKE						
CURRENTLY BEING TREATED FOR?									
CURRENT MEDICATIONS/DOSAGE/FREQUENCY/LOCATED					CURRENT MEDICATIONS/DOSAGE/FREQUENCY/LOCATED				
NAME OF DOCTOR			TELEPHONE NUMBER		NAME OF DOCTOR			TELEPHONE NUMBER	
NAME OF DOCTOR			TELEPHONE NUMBER		NAME OF DOCTOR			TELEPHONE NUMBER	
ALLERGIES TO MEDICATIONS									
LAST HOSPITALIZATION									
HOSPITAL	LOCATION			YEAR	PATIENT #				
LIVING WILL	<input type="checkbox"/>				ORGAN DONOR	<input type="checkbox"/>			
REFER TO:					REFER TO:				
MEDICAL COVERAGE									
BLUE CROSS #	BLUE SHIELD #			MEDICARE #					
MEDICAID #	OTHER				POLICY #				
IN CASE OF EMERGENCY - NOTIFY					RELATIONSHIP				
STREET ADDRESS			APT	CITY	STATE	ZIP	PHONE		

PLACE ON FRONT OF REFRIGERATOR AND UPDATE AS NEEDED