



Life Saving Information For Emergencies



I certify that the information on this form is accurate and up-to-date. I also understand that emergency medical personnel may rely on this information and I agree not to hold emergency personnel responsible for inaccurate or out of date information.

DATE COMPLETED: _____ **Signature:** _____

PATIENT INFORMATION (Please Print)

Name: _____ Date of Birth: _____ Sex: Male / Female
Address: _____
City: _____ State _____ Zip Code: _____
Social Security No: _____ Phone: _____
Primary Medical Problems: _____

Doctor's Name: _____ Doctor's Phone: _____
Hospital Preference: _____ Have you been a patient there? Yes / No
Medicare #: _____ Medicaid #: _____
Other Health Insurance: _____ Health Insurance #: _____

HEALTH INFORMATION:

Allergies to medication: _____
Other allergies: _____
Current Medications: (Name/Dose) _____

Do you have a pacemaker? Yes / No Model #: _____ Blood Type: _____
Do you have a funeral home preference? _____

Do you have an Advance Directive? Yes / No Where is it? _____

PREVIOUS MEDICAL PROBLEMS: (Circle all that apply)

- | | | | |
|----------|--------------------|---------------------|--------------|
| Heart | Epilepsy | Stroke | Anemia |
| Asthma | Hemophilia | Diabetes | Glaucoma |
| Seizures | Emphysema | AIDS | Hypoglycemia |
| Cancer | Low Blood Pressure | High Blood Pressure | COPD |

Others: _____

EMERGENCY REFERENCES:

Name: _____ Phone: _____
Address: _____ Relation: _____
Name: _____ Phone: _____
Address: _____ Relation: _____

Please write below any comments or instructions, which would be helpful to emergency responders in assisting you during a personal emergency. Attach a photograph of yourself so Emergency Personnel can match the information provided to the correct person.

Additional Information:

MUSKOGEE



COUNTY EMS

**ATTACH
PHOTO
HERE**

DATE _____

INSTRUCTIONS

- 1) Fill out Vial of Life information sheet
- 2) Fold completed form in half lengthwise, roll up tightly and place the information in the Vial.
- 3) Place the Vial of Life in your refrigerator, in a door shelf where it can be easily seen.
- 4) Place one of the Vial of Life stickers on the refrigerator door and place the other sticker on the front door (main entrance) of your home.
- 5) When changes in medical information occur, remember to update the information sheet in your Vial of Life.

In an emergency, Muskogee County EMS, Police or Fire will look inside the Vial for important personal and medical information. If you have any questions please call **Muskogee County EMS at 918 683 0130.**