



VIAL OF LIFE

Medical Information Form

VialofLife.com • 1-888-724-1200

DATE COMPLETED:

| | | | | | | | | |
|---|-------------|---------|--------|------------|-----------------------------------|------------|---|--|
| FIRST NAME | | INITIAL | | LAST NAME | | | SSN | |
| STREET | | | CITY | | STATE | ZIP | TELEPHONE | |
| DOB | MALE/FEMALE | HEIGHT | WEIGHT | HAIR COLOR | EYE COLOR | BLOOD TYPE | RELIGION | |
| List Hearing Difficulties | | | | | DENTURES UPPER LOWER | | UNABLE TO SPEAK <input type="checkbox"/> | |
| List Vision Difficulties | | | | | PRIMARY LANGUAGE (IF NOT ENGLISH) | | | |
| Identifying Marks | | | | | | | | |
| Current Medical Conditions | | | | | | | | |
| Past Medical Conditions | | | | | | | | |
| Current Medications: Dosage & Frequency | | | | | | | | |
| Allergies to Medications | | | | | | | | |
| Doctor's Name & Phone Number | | | | | | | | |
| Last Hospitalization | | | | | | | | |
| Special Instructions (Such as Health Directives, Etc..) | | | | | | | | |
| Health Insurance Policy | | | | | | | | |
| Emergency Contact - Name, Address, Phone Number, & Relationship | | | | | | | | |
| PRINT CLEARLY • FOLLOW DIRECTIONS ON BACK TO STORE ON REFRIGERATOR | | | | | | | | |