Personal Information **Date form Completed________________________**

Name:	Date of Birth: Age:
Address:	Gender: Male Female
City & Zip:	SSN#: (Optional)
Phone:	Weight:
Emergency Contact Name	Emergency Contact Phone:
Physician Name	Physician Phone:

Medical Information

Do you have an active and signed Do Not Resuscitate (DNR) (***If yes, please attach!***) Yes No
Do you have an Advance Health Care Directive? Yes No
Do you have some one who legally makes your medical decisions? Yes No
If yes, whom?______________________________Relationship__________________________________
Phone number for person stated on line above ____
Blood Type:________________________________Religious Preference ___________________________
Are you an organ donor? Yes No

Medical Conditions: Check all that apply ✓

	AIDS / HIV		Epilepsy
	Anxiety		Heart Attack: Year Occurred( )
	Asthma		Hepatitis (A) (B) (C) (D) (E) (F) (G)
	Cancer		High Blood Pressure
	CHF		Irregular Heart Beat
	COPD		Pacemaker
	Diabetes		Stroke
	Emphysema		Thyroid

Other Major Medical conditions not listed

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Medication Allergies and Environmental Allergies

Medication List

Medication Name	Dose	How Often	Medication Name	Dose	How Often

Vial Of Life placement instructions:

1. Fill out the form supplied with the aid of you primary doctor or health care provider.
2. Place this form in the pill vial provided and secure the lid.
3. Place the vial in the upper left corner of your freezer / refrigerator in plain view.
4. Place the extra sticker in a conspicuous location on the exterior of the refrigerator.
    - Preferred location is in the upper left corner of the refrigerator.

The Vial Of Life

1. Why the Vial Of Life?
    - In the event you are incapacitated or have a life-threatening emergency that renders an individual unable to communicate to medical personnel, the vial will provide a means to supply medical personnel vital information about your medical conditions and medications to aid in your emergency treatment.
2. Is all the information on this form needed?
    - No. You provide as much information as you feel comfortable with.
3. How often should I update the information on the sheet?
    - If you have any updated from you medical provider you should update the form with the new information.
4. How do I get a new form if I need to make changes or if it is damaged?
    - Visit the La Pine Fire Departments web site at: www.lapinefire.org. Follow the links for the vial of life program and down load and print the form. Or just visit you local fire department and one will be provided to you.
5. What if I have questions about my medical care and emergency treatments?
    - If you are having an immediate medical emergency please call 911. Most of your medical questions can be addressed with your primary medical care provider. If you have a question about how your local fire department can assist you in an emergency, feel free to stop by a local fire department and talk to the on duty crew.
6. How did the Vial Of Life program start in this area?
    - The program was started by your local fire department with assistance from local medical doctors and facilities as a community service to the local residents in the city of La Pine and the residents of the La Pine Rural Fire Protection District.
7. How much does the Vial Of Life cost?
    - The Vial Of Life is free! The cost of the materials needed where donated by your local businesses, community health providers and by your local Fire department. A list of the providers is listed at the top of the front page of this form.

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