



For Emergencies DIAL: 911



Vial of L.I.F.E.

(Lifesaving 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 upon this information and agree to hold the user harmless.

Date Completed: _____ Signature: _____

PATIENT INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ Sex: Male Female

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Phone #: _____ - _____ - _____

Primary Language: _____

Primary Physician: _____ Physician's Phone #: _____ - _____ - _____

Hospital Preference: _____ Have you ever been a patient there? Yes No

Medical Insurance Provider: _____ Insurer's Phone #: _____ - _____ - _____

Insurance ID #: _____ Insurance Group #: _____

Medicare #: _____ Medicaid #: _____

Other Medical Insurance: _____ Other Insurance Phone #: _____ - _____ - _____

Other Insurance ID#: _____ Other Insurance Group #: _____

HEALTH INFORMATION:

Current and Previous Medical Conditions: (Check all that apply) High Blood Pressure

Alzheimers Angina Seizures Hepatitis B Diabetes

Cancer COPD AIDS/HIV Sickle Cell Hepatitis C

Emphysema Heart Dementia Asthma Stroke

Others: _____ Blood Type: _____

Allergies to Medication: _____

Other Allergies: _____

Current Medications: (Name/Dosage)

The Vial of L.I.F.E. is Lifesaving Information For Emergencies. The Vial of L.I.F.E. kit enables emergency medical personnel to quickly locate helpful information regarding your medical history in a time of crisis. It is very important that you keep this information up to date, accurate, and placed in a prominent spot in your refrigerator.

How to use the Vial of L.I.F.E.

- Please complete a Vial of L.I.F.E. form. Be sure to include the date that you completed this form.
- Attach a photograph of yourself to the back page of the form.
- Fold the Vial of L.I.F.E. form and put it inside the Vial of L.I.F.E. container.
- Enclose any Advance Directive (Do Not Resuscitate Orders, Living Will, etc) that you wish to be followed in with the Vial of L.I.F.E.

The Vial of L.I.F.E. Kit is available free as a public service from The Rancho Santa Fe Fire Protection District. You may obtain the Vial of L.I.F.E. by picking up a kit at any Rancho Santa Fe Fire Station or administrative office. The form can be found online@ www.rsf-fire.org.

EMERGENCY CONTACTS:

Name: _____ **Relation:** _____

Address: _____ **Phone #:** _____

Name: _____ **Relation:** _____

Address: _____ **Phone #:** _____

In the blank space below please write below any comments or instructions that would be helpful to Emergency Responders in assisting you during a personal emergency. Consider attaching a current photograph of yourself to ensure proper identification.

ADDITIONAL INFORMATION: