 **VIAL OF LIFE: MEDICAL INFORMATION**

 **Information & Assistance/ Información y Ayuda**

 **1-800-339-4661 | www.aging.sandiegocounty.gov**

Updated On / versión actualizada**: \_\_\_\_ /\_\_\_\_ /\_\_\_\_**

Name/Nombre

 Blind/ Ciego  Deaf/ Sordo  Alzheimer’s Disease or Related Dementia/ Alzheimer u otra demencia

Address/ Dirección

City/Ciudad

Zip/Código Postal

Phone/Teléfono Male/Hombre  Female/Mujer  Date of Birth/ Fecha de Nacimiento

Social Security # Last Four Digits/Número de Seguridad Social; Cuatro últimos dígitos Medicare # (Last Four Digits)/Número de Medicare—Cuatro últimos números

Other Insurance/Otra aseguranza médica Policy Number/ Numero de póliza

Do you have an Advance Health Care Directive?/¿Tiene Usted un Formulario Directivo Medico Anticipado? Yes/Si  No 

If yes, location / Si la respuesta es sí, ¿Dónde está? Agent/Quien Responsable Tel#/Teléfono

Do you have a Do Not Resuscitate order?/Tiene usted un formulario de no resucitar? Yes/Si  No Registered with Sheriff’s ‘Take Me Home’?/ Está registrado con el programa “Take Me Home”? Yes/Si  No

# Emergency Contacts/Contacto de emergencia

Name/Nombre Relationship/Relación Tel# E-mail/Teléfono/Correo electrónico

Name/Nombre Relationship/Relación Tel# E-mail/Teléfono/Correo electrónico

Caregiver/Cuidador Clergy/Clérigo

Tel# /Teléfono Tel# /Teléfono

**Pet’s Information/Información de la Mascota-** Name & Type/ Nombre e Tipo

Veterinarian/Veterinario Tel# /Teléfono

# Medical Information/Información de Médica

Primary Doctor/Doctor Primario Secondary Doctor/Doctor Secundario Hospital/Hospital

Tel# /Teléfono Tel# /Teléfono Tel# /Teléfono

Height/Estatura

Weight/Peso

Blood Type/Tipo de Sangre

Normal Blood Pressure/Presión Arterial Normal

Allergies to drugs or foods/Alegarías a medicamentos o alimentos

## Please list any medical conditions that apply/Favor de marcar cada condición medica que aplica

(for example: cardiac, diabetes, hypertension, stroke / Por ejemplo: cardiaca, diabetes, hipertensión, derrame cerebral)

## (Continued on other side / Continua en el otro lado)

**Surgeries** (type and date) / **Cirugía** (tipo y clase)

## Do You/ Usted

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Wear dentures?/¿Usa dentadura postiza?Wear contacts?/¿Usa lentes de contacto? Wear hearing aids?/¿Usa audífonos? | Yes/Si Yes/Si  Yes/Si  | No No  No  | Wear glasses?/¿Usa lentes? Use oxygen?/¿usa oxigeno?Wheelchair?/¿usa silla de ruedas? | Yes/Si Yes/Si  Yes/Si  | No No  No  |

**Other Important Emergency Information / Otra información importante de emergencia**

**Immunizations / Vacunas**

**Where do you keep your medications?/¿Dónde guarda sus medicamentos?**

**Medications/Medicamentos**

(Prescription, Over-the-counter Drugs, Vitamins, Herbal Supplements) (Recetas médicas, Medicamentos Sin Receta, Vitaminas, Hierbas Medicinales)

|  |  |  |  |
| --- | --- | --- | --- |
| Name/Nombre |  | Dose-Freq/Dosis-Frecuencia | Purpose/**¿**Para Que Es? |
| Name/Nombre |  | Dose-Freq/Dosis-Frecuencia | Purpose/**¿**Para Que Es? |
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| Name/Nombre |  | Dose-Freq/Dosis-Frecuencia | Purpose/**¿**Para Que Es? |

**Please record all information in a manner easy to read by emergency medical personnel.**

**Por favor de registrar toda la información de una manera fácil de leer por personal médico de emergencia.**

**Vial of Life Introduction**

Nobody wants to imagine themselves or a loved one having a medical emergency. But when reality hits, being prepared can mean the difference between life and death. In event of an emergency, first responders such as firefighters or paramedics will need to know about the patient's health conditions, medications, and emergency contacts.

They will have to ask the patient's family, or sometimes even the patient themselves if they are alone. Being able to accurately and thoroughly convey all of this information is critical for the medical personnel's plan of treatment. Why risk forgetting details in such a time sensitive situation? The County of San Diego, Health and Human Services Agency is happy to offer a completely free and convenient solution: the Vial of Life.

​What is the Vial of Life? The Vial is a convenient and practical way of recording you, or a loved one's medical information and having it ready for an emergency. The Vial consists of three pieces: an outer plastic sleeve, an inner form with the information, and a Vial of Life sticker for letting first responders know to look for the Vial when they arrive.

By having medical information written down beforehand, you can not only save time, but also ensure accuracy and save lives. Emergency responders will be able to provide the proper life saving treatment faster and more efficiently.

Setting up a Vial for yourself or someone you know is easy as 1-2-3. Keep scrolling below for more information!

