VIAL ***OF LIFE***

SCAT | STILLWATER COMMUNITY ACTION TEAM

Full Name: ______________________________ Sex: ☐ Male ☐ Female

Address: ______________________________ City: ______________________________

Phone: ______________________________ Birthdate: ______________________________

Doctor(s): ______________________________ Dr. Phone: ______________________________

MEDICAL CONDITIONS - Check all that exist:

- ☐ No medical conditions
- ☐ Angina
- ☐ Asthma
- ☐ Bleeding
- ☐ Cancer - (Type__________________)
- ☐ COPD/Emphysema
- ☐ Defibrillator
- ☐ Dentures
- ☐ Diabetes
- ☐ Fractures
- ☐ Hearing aids
- ☐ Heart attack
- ☐ Hepatitis
- ☐ High blood pressure
- ☐ HIV/Aids
- ☐ Kidney problems
- ☐ Pacemaker
- ☐ Seizures
- ☐ Stroke
- ☐ Vision - (☐ Glasses ☐ Contacts)
- ☐ Other ____________________

ALLERGIES - Check all that exist:

- ☐ No known allergies
- ☐ Aspirin
- ☐ Codeine
- ☐ Demerol
- ☐ Insect bites
- ☐ Latex
- ☐ Morphine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetanus
- ☐ Other ______________

CURRENT MEDICATION:

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

RECENT HOSPITALIZATIONS OR SURGERIES:

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HEALTHCARE PLANNING - Check any that exist and their location:

☐ Advance Directive/Living Will ☐ POA (Power of Attorney) ☐ DNR (Do Not Resuscitate)

EMERGENCY CONTACTS:

Name: ______________________________ Name: ______________________________

Phone: ______________________________ Phone: ______________________________

VIAL OF LIFE INSTRUCTIONS:

In the event of an emergency, time is crucial. The "Vial of Life" kit enables emergency responders to quickly locate helpful information regarding your medical history. It can also be handed to emergency personnel.

- Complete this form and place it in the vial, include any special instructions or legal documents.
- Store the vial in the top shelf of your refrigerator door.
- Place the magnet on the outside of your refrigerator.
- Keep an additional copy of the form while traveling in case medical information is needed. (Purse, glove compartment, etc.)
- If another form is needed, please visit www.stillwatermedical.com

ADDITIONAL MEDICATIONS OR INFORMATION:

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USE BACK IF NEEDED ▸

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01/2015