



**PERSONAL MEDICAL INFORMATION FORM**  
Life-Saving 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may rely on this information, and I agree not to hold emergency medical personnel responsible for inaccurate and out-of-date information.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions**

Fill out as much information as possible in pencil so the information can be updated periodically. Put the completed form in a Yellow Vial of Life or a Ziplock bag. Place in the door of your refrigerator, then stick the "Vial of Life" sticker on the fridge door.

**PATIENT INFORMATION**

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Gender: M / F      Other</b>
<b>City:</b>	<b>Marital Status:    S / M / W / D</b>
<b>Social Security No ( LAST 4 Digits)</b>	<b>Height:                  Weight:</b>
<b>Preferred Language:</b>	<b>English Speaking: Y / N</b>
<b>Religious Preference:</b>	

**EMERGENCY CONTACTS**

<b>Name:</b>	<b>Relationship:</b>
<b>Phone #:</b>	<b>Alt Phone #:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Phone #:</b>	<b>Alt Phone #:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Phone #:</b>	<b>Alt Phone #:</b>

**In An Emergency Call 9-1-1!**



**MEDICAL INFORMATION**

Primary Doctor:	Doctor's Phone #:
Secondary Doctor:	Doctor's Phone #:
Do you have any advanced directives or Do Not Resuscitate orders? Y / N	
Where are they kept?	
Hospital Preference:	

**HEALTH INFORMATION**

Vision Difficulties: Y / N	Hearing Difficulties: Y / N
Allergies to Medications: Y / N	
List of Allergies:	
Do you have a pacemaker: Y / N	

**CURRENT MEDICATIONS**


**PET INFORMATION**

Pets: Y / N	How Many Total Pets?	
Name:	Breed:	Indoor / Outdoor
Name:	Breed:	Indoor / Outdoor
Name:	Breed:	Indoor / Outdoor

**In An Emergency Call 9-1-1!**