



Last Updated: _____/_____/_____

VIAL Of Life

Bradford County Emergency Medical Services

Patient Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No: () _____ - _____ Date of Birth _____/_____/_____

Social Security # _____/_____/_____ Significant Other: _____

Do you have a Do Not Resuscitate Order (DNR)? No Yes. ***If Yes, please enclose a copy.***

Do you have a Living Will? No Yes ***If Yes, please enclose a copy.***

Do you wear dentures? No Yes Do you wear glasses? No Yes

Do you wear contacts? No Yes Do you wear hearing aids? No Yes

Do you use oxygen? No Yes

Emergency Contacts

Name of Emergency Contact: _____

Phone: () _____ - _____ Relationship: _____

Name of Emergency Contact: _____

Phone: () _____ - _____ Relationship: _____

Primary Physician: _____ Phone: () _____ - _____

Clergy Contact: _____ Phone: () _____ - _____

Health Insurance Carrier: _____ Phone: () _____ - _____

Policy Number: _____ Group: _____ Medicare Number: _____

This is a voluntary program. It is the responsibility of the participant to keep this form updated with current information. The City of Starke and Bradford County assume no liability for the accuracy of information contained, or the application and / or use of this information by Emergency Response Personnel when responding to a call for Emergency Medical Care.

Medical History

Allergies: No Yes **If Yes:** please specify _____

Your Normal Blood Pressure: _____ / _____

Weight: _____

Existing Medical Conditions: *Check all that apply*

- Pacemaker Stroke Heart Disease Congestive Heart Failure (CHF) A-Fib Asthma / COPD
 Diabetes Seizures Hepatitis/Liver Hypertension Thyroid Disease Kidney Disease Cancer _____

Other Medical History: _____

Past Surgeries: _____ Date: _____

_____ Date: _____

_____ Date: _____

Medications

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Alprazolam | <input type="checkbox"/> Diovan | <input type="checkbox"/> Lorazepam | <input type="checkbox"/> Singulair |
| <input type="checkbox"/> Ambien | <input type="checkbox"/> Diphenhydramine | <input type="checkbox"/> Lovenox | <input type="checkbox"/> Soma |
| <input type="checkbox"/> Amitriptyline | <input type="checkbox"/> Doxepin | <input type="checkbox"/> Lyrica | <input type="checkbox"/> Tramadol |
| <input type="checkbox"/> Amlodipine (Norvase) | <input type="checkbox"/> Fentanyl | <input type="checkbox"/> Maprotiline | <input type="checkbox"/> Tylenol |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Furosemide | <input type="checkbox"/> Meperidine | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Atenolol | <input type="checkbox"/> Glipizide | <input type="checkbox"/> Metformin | <input type="checkbox"/> Warfarin |
| <input type="checkbox"/> Atripla | <input type="checkbox"/> Hydrochlorothiazide / HCTZ | <input type="checkbox"/> Methadone | <input type="checkbox"/> Xanax |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Hydrocodone | <input type="checkbox"/> Metoprolol | <input type="checkbox"/> Zoloft |
| <input type="checkbox"/> Cardizem | <input type="checkbox"/> Insulin Type _____ | <input type="checkbox"/> Morphine | <input type="checkbox"/> Over The Counter |
| <input type="checkbox"/> Cialas | <input type="checkbox"/> Klonopin | <input type="checkbox"/> Nexium | _____ |
| <input type="checkbox"/> Clonazepam | <input type="checkbox"/> Lasix | <input type="checkbox"/> Nitroglycerin | _____ |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Labetalol | <input type="checkbox"/> Omeprazole | _____ |
| <input type="checkbox"/> Coumadin | <input type="checkbox"/> Levitra | <input type="checkbox"/> Oxycodone | _____ |
| <input type="checkbox"/> Desipramine | <input type="checkbox"/> Lexapro | <input type="checkbox"/> Plavix | |
| <input type="checkbox"/> Diazepam | <input type="checkbox"/> Lipitor | <input type="checkbox"/> Prevacid | |
| <input type="checkbox"/> Dilantin | <input type="checkbox"/> Lisinopril | <input type="checkbox"/> Prozac | |

Please list any medications not indicated in the space below.

Please list additional medications and other medical information that would assist emergency personnel with your care:

Enclosing an old EKG would greatly assist EMS should you have an emergency cardiac condition. Ask your physician for a copy or stop by EMS Headquarters (behind Bradford County Courthouse) for your free EKG.