Print Form

For Emergencies
DIAL: 911

Vial of L.I.F.E.

(**L**ifesaving **I**nformation **F**or **E**mergencies)

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 Brith:** _____

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) _____

_____

_____

_____

_____

EMERGENCY CONTACTS:

Name: _____ **Relation:** _____

Address: _____ **Phone #:** _____

Name: _____ **Relation:** _____

Address: _____ **Phone #:** _____

Please write below any comments or instructions, which 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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

The Vial of L.I.F.E. is **L**ifesaving **I**nformation **F**or **E**mergencies. 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.
- Place the Vial of L.I.F.E. container on the top shelf inside your refrigerator, closest to the door handle.
- Attach the Vial of L.I.F.E. magnet/sticker to the outside top corner of your refrigerator door to alert emergency personnel to the presence of Vial of L.I.F.E. information.

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The Vial of L.I.F.E. Kit is available free as a public service from Leon County Emergency Medical Services. You may obtain the Vial of L.I.F.E. by picking up a kit at Leon County Emergency Medical Services Headquarters or obtain one from any personnel on an ambulance

If you have any questions, please call our office at (850) 606-2100 during normal business hours. For more information or to download a new form, visit our website at www.leoncountyfl.gov/LCEMS. Thank You!

Leon County Emergency Medical Services
2290 Miccosukee Road
Tallahassee, FL 32308
Phone: (850) 606-2100
www.leoncountyfl.gov/LCEMS