

Vial of Life and Yellow Dot Medical Information

KEEP YOUR INFORMATION CURRENT

Download new forms at StoresMART.com/Life

Name _____

Address _____

City/State/Zip _____

() M () F Date of Birth _____ Blood Type _____

Date Form was Updated: _____

EMERGENCY CONTACTS

Name/Relation _____

Address _____

City/State/Zip _____

Phone: Work _____ Cell _____

Name/Relation _____

Address _____

City/State/Zip _____

Phone: Work _____ Cell _____

Name/Relation _____

Address _____

City/State/Zip _____

Phone: Work _____ Cell _____

MEDICAL INSURANCE () NONE

#1 Medical Ins. Co. / Policy # _____

#2 Medical Ins. Co. / Policy # _____

Medicare # _____

Other _____

MEDICAL CONDITIONS: Check all that exist

- NO MEDICAL CONDITIONS KNOWN**
- Abnormal EKG Hemolytic Anemia
 - Adrenal Insufficiency Hepatitis
 - Angina High Blood Pressure
 - Asthma HIV/AIDS
 - Bleeding Disorder Hypertension
 - Cancer: Type _____ Hypoglycemia
 - Cardiac Dysrhythmia Internal Debrillator
 - Cataracts Kidney Problems
 - Clotting Disorder Laryngectomy
 - Coronary Bypass Graft Leukemia
 - COPD/Emphysema Lymphomas
 - Dementia/Alzheimer's Malignant Hyperthermia
 - Diabetes/Insulin Dependent Memory Impaired
 - Eye Surgery Myasthenia Gravis
 - Fractures Pacemaker
 - Glaucoma Renal Failure
 - Heart Attack: Date _____ Seizure Disorder
 - Hearing Impaired Sickle Cell Anemia
 - Heart Valve Prosthesis Stroke
 - Vision Impaired

Other: _____

CONDITIONS & ALLERGIES: Check all that apply:

- Contact Lenses Pacemaker Dentures
 - Pregnant: Date Due _____
 - NO KNOWN ALLERGIES**
 - LATEX** Horse Serum Sulfä
 - Aspirin Insect Stings Tetracycline
 - Barbiturates Lidocaine Tetanus
 - Codeine Morphine X-ray Dyes
 - Demerol Novocaine Xylocaine
 - Environmental Penicillin
- Other: _____

MEDICAL CONTACTS

Doctor/Phone _____

Doctor/Phone _____

Pharmacy/Phone _____

Special Conditions _____

Surgery in last 5 Years _____

My most recent EKG is available () YES () NO
It is located at: _____

CURRENT MEDICATIONS

- NO Medications**
- List all prescriptions, over the counter, vitamins, and supplements

Condition	Medication	Dose	Times/day

ADVANCE DIRECTIVES

My *Living Will* is on file at: _____

My *Health Care Surrogate* is: _____

I have an EMS-NO CPR Directive or DNR (DO NOT resuscitate form) () YES () NO It is located at: _____