



# VIAL OF LIFE FORM

A gift from Golden Placement Services 503-723-7145

## General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Height: \_\_\_\_ Weight: \_\_\_\_ Marital Status: Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_

Do you speak English: Yes \_\_\_\_ No \_\_\_\_ If no, what language do you speak? \_\_\_\_\_

## Health Insurance Information

Social Security No. (last 4 digits) \_\_\_\_ Medicare Number: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Have you filled out an Advance Directive for Health Care Form? Yes \_\_\_\_ No \_\_\_\_

If yes, name of health care agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you requested a "Do Not Resuscitate" order? Yes \_\_\_\_ No \_\_\_\_ If Yes, please enclose/attach.

## Notify in Case of Emergency

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Others Living in the Home

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Type: \_\_\_\_\_

Pet Sitter Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Hospital Records: \_\_\_\_\_

Normal Blood Pressure: \_\_\_\_\_ Last EKG results: \_\_\_\_\_ enclose/attach copy



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Drug Allergies (specify): \_\_\_\_\_

Food Allergies (specify): \_\_\_\_\_

What medical problems/physical disabilities do you have? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## List past surgeries

Type: \_\_\_\_\_ Date: \_\_\_\_\_

Type: \_\_\_\_\_ Date: \_\_\_\_\_

Type: \_\_\_\_\_ Date: \_\_\_\_\_

Type: \_\_\_\_\_ Date: \_\_\_\_\_

## Do you:

Wear dentures? Yes \_\_\_\_\_ No \_\_\_\_\_      Wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

Use oxygen? Yes \_\_\_\_\_ No \_\_\_\_\_      Wear contacts? Yes \_\_\_\_\_ No \_\_\_\_\_

Wear a hearing aid? Yes \_\_\_\_\_ No \_\_\_\_\_      Other items: \_\_\_\_\_

**Where do you keep your medications?** \_\_\_\_\_

## Current Medications (prescriptions, over the counter drugs, vitamins, supplements, eye drops, etc.)

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Additional information of assistance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Every person should have a Vial of Life form filled out. Seniors especially, because of their constant medical changes and medications. Put one in your wallet, in your glove compartment, and especially on your refrigerator door.

People find themselves in emergencies that make it difficult to think straight. At these times, all emergency personnel who are trying to help you need to know many things about you.

The Vial of Life speaks for you when you can't speak or don't feel well. Protect yourself and all of your family members...all it will cost you is a little time. **And it could save your life!**

### How to use the Vial of Life in your home by Following these Four simple steps



#### 1. Fill out the Vial of Life form

To print blank copies of this form go to [www.goldenplacements.com](http://www.goldenplacements.com)



#### 2. Additional items to Enclose

- Copy of EKG
- DNR (Do Not Resuscitate) document
- Living Will or equivalent
- Recent Picture of self



#### 3. Securely place the form in or on your refrigerator

- Place vial on the side of your refrigerator or on the front door where anyone responding to an emergency could easily locate it.



#### 4. Place the second decal on your front door

- Place the Golden Services Vial of Life magnet/decal on the side of your refrigerator or on the front door where anyone responding to an emergency could easily locate it.