

**Personal Information Form**

*Preparation is the best Prevention*

Cut along dotted line and place in Vial Of Life tube.

Place Vial in top shelf of refrigerator.

Place Vial Of Life magnet on door of refrigerator.

The Vial Of Life provides important medical information about you to the medical personnel in an emergency situation where you are unable speak.

Please fill out the personal information form and the medical history form.

Fill out a form for each member of the family.

Do you have a:

**DNR**

If yes check one. EMS must have this document in hand in order to honor your request. Please indicate the location of your documents.

# Vial Of Life

Sycamore Township  
EMS Fire Department

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

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

Phone: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Religion: \_\_\_\_\_  Male

Female

Primary Doctor: \_\_\_\_\_

Doctors Phone: \_\_\_\_\_

**Which hospital do you prefer to receive medical care.**

Hosp. \_\_\_\_\_

Medicare No. \_\_\_\_\_

Secondary Insurance/Policy No. \_\_\_\_\_

**In case of Emergency / Notify:**

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

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

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

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

**Power of Attorney Notify:**

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

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

Alternative Contact. \_\_\_\_\_  
Cell phone, pager,  
office, etc. number \_\_\_\_\_

DNR  DNR Comfort Care  Living Will

Location: \_\_\_\_\_



Any questions about the Vial Of Life Program please call the fire station at (513) 792-8565

Additional Vial Of Life tubes or refrigerator magnets can be picked up at either Sycamore Fire Department locations.

**Hospital of choice**

Please understand we want to take you to the hospital of your choice. However, If your health is at risk your choice of hospital may be too far to travel. It is imperative that we get you to the closest hospital based on your condition. Our EMS personnel will have to make that determination based on your condition.

Clearly Print the information requested. In order for the EMS services to fulfill your request, information must be kept updated

**Medical Information Form**  
*Preparation is the best Prevention*

Cut along dotted line and place in Vial Of Life tube.

Place Vial in top shelf of refrigerator door.

Place Vial Of Life magnet on door of refrigerator.

The Vial Of Life provides important medical information about you to the medical personnel in an emergency situation where you are unable speak.

Please fill out the personal information form and the medical history form.

Fill out a form for each member of the family.

More than one vial may be used per household.

Please use this area to put any information that may be useful to the EMS personnel.



Check if you have any of the following:  
 Pacemaker    Corrective Eyewear    Dentures

Do you have any allergies to medications    Yes  
 No

If yes, list them: \_\_\_\_\_

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Check all items which for you have been treated

Heart Disease    Past Heart Attack    Stroke  
 High Blood Pressure    Anemia    Hepatitis  
 Tuberculosis / Lung Disease    Epilepsy  
 Diabetes    Cancer    Asthma

List complete medical history \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all medications

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any other information that may be helpful to the EMS service.



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