

Vial of Life

Patient Information for use by EMS and Staff at Receiving Medical Facility

This information is to be kept secure with the patient or with other patient records under the protection of the Health Insurance Portability and Accountability Act (HIPAA)

This form is intended to provide medical personnel with needed information. It is up to the individual to determine what information will or will not be provided. *Please make a copy for EMS to take.*

—Please place on your refrigerator—

Demographics

Name: _____ Age: _____ Date of Birth: / /
Address: _____ City: _____ State: _____ Zip: _____
Home Telephone: () Cell Phone: ()
Email Address: _____ Soc. Sec. No.: - -
Emergency Contact Name: _____
Telephone: () Relationship: _____ Power of Attorney? Yes No

Insurance Information

Medicare or Medicaid: _____
Private Insurance Company: _____ Policy #: _____
Secondary Insurance Company: _____ Policy #: _____
Please provide insurance information even if you are a member of the EMS Subscription Fund. Insurance and Medicare will still be billed. We will use your information above to identify you as an EMS Fund member.

Physician Information

Physician Name: _____ Physician Group: _____
Physician Telephone: () Notes: _____

Medical History and Medications

Please list any Medication Allergies:

Please list Medical History

Please list Medications

Continue on back if needed

Medical History and Medications Continued

Medical History continued

Medications continued

Fold here for privacy and place on your refrigerator with "Information for EMS" in plain view.

**Information for
EMS
Vial of Life**

Facebook.com/CaryAreaEMS

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www.caryems.org

919.380.6909
Cary Area EMS

For questions, please contact:

Attach to refrigerator by
Placing a magnet here.

Vial of Life.com

Decals



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SEE REFRIGERATOR DOOR FOR
COMPLETE MEDICAL INFORMATION



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Medical Alarms For Seniors

1-888-724-1200

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