VIAL OF LIFE

Complete separate form for each family member

Date Updated			
Name:			
Date of Birth:			Sex:
Name:	Eve	es:	Hair:
I. Basic Health Info: Blood Type: Allergies to Medications:			
Current Medications & loc	ation	1:	
Pace Maker (Model #): Other implanted devices:			
II. In Case of Emergency: Notify, in order (Name/Relat 1 2 3 Living Will/Directive to Care	ionsh	nip/F	Phones):
Living Will/Directive to Care	Give	ers (Location):
Organ Donor (yes/no):			
Special Notes/Requests:			
III. Doctor Information: Medical Insurance/Plan: Doctor: Doctor Phone: Hospital Preferred: Specialists Names/Phones:			
IV. Medical History: Previous Operations/Dates:			
Have you a history of:	Y	N	Date of Occurrence

	Y	N	Date of
Have you a history of:			Occurrence
Hearing Impaired			
Blind			
Paralysis			
Heart Attack			
Congestive Heart Failure			
Rapid/Irregular Pulse			
Abnormal Blood Pressure			
Lung Disease			
Asthma, Emphysema			
Tuberculosis			
Stroke			
Blood Transfusion			
Organ Transplantation			
Seizure Disorder			
HIV/AIDS			
Hepatitis A/B/C			
Kidney Failure			
Diabetes-Insulin/Diet			
Cancer			
Family History of Heart			
Disease			
-			

BCNA

Big Country Neighborhood Association

VIAL OF LIFE

Complete separate form for each family member

Date Updated	
Name:	
Date of Birth:	Sex:
Name:	Hair:_
. Basic Health Info:	
Blood Type: Allergies to Medications:	
Current Medications & location:	
Jurient Medications & location	
Paga Makar (Model #):	
Pace Maker (Model #): Other implanted devices:	
Julia mpiunica de ficesi	
II. In Case of Emergency:	
Notify, in order (Name/Relationship/P	hones):
2	
3	
2	Location):
Organ Donor (yes/no):	
Special Notes/Requests:	
II. Doctor Information:	
Medical Insurance/Plan:	
Joetor	
Ooctor:	
Hospital Preferred	
Ooctor Phone: Hospital Preferred: Specialists Names/Phones:	
peciansis rumes/1 nones	
V. Medical History:	
Previous Operations/Dates:	

	Y	N	Date of
Have you a history of:			Occurrence
Hearing Impaired			
Blind			
Paralysis			
Heart Attack			
Congestive Heart Failure			
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