

Durham County EMS **VIAL OF LIFE** Information Form



GENERAL INFORMATION

Name: _		Date filled out://
Address:		
Phone: (_) Date of birth: _	/ SSN:
	Hospital Preference:	
	MEDICAL	L HISTORY
	Heart Disease	☐ Cancer (type)
	Congestive Heart Failure	☐ Arthritis
	Heart Attack	□ Osteoporosis
	Atrial Fibrillation/Irregular Heart Beat	☐ Blood Thinner/Anticoagulant
	Pacemaker	☐ Dementia/Alzheimer's
	High Blood Pressure	☐ Seizures
	Asthma	☐ Depression
	C.O.P.D.	□ Anxiety
	Emphysema	☐ Psychiatric (type)
	Diabetes	☐ Other
	Kidney Disease (Dialysis Y N)	
	Liver Disease	
	UTHER MEDICAL HISTORY	/ NOTES/ASSISTIVE DEVICES
	ALLERGIES (TO MEDICA	ATIONS OR OTHERWISE)
	DOC	CTOR
Name:	Phone Number:	
	ADVANCED DIRECTIVES, M.O.S.	S.T. OR DNR including LOCATION
DNR	Location:	
MOST	Location:	



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MEDICATION	DOSAGE		
HEALTH INSURANCE POLICY INFORMATION			
EMERGENCY	CONTACTS		
Name	Dhana Niveshari		
Name:	Phone Number:		
Name:	Phone Number:		
Name:	Phone Number:		
OTHER INFO	RMATION		

To obtain additional forms please call 919-560-8285.