



# Durham County EMS VIAL OF LIFE Information Form



## GENERAL INFORMATION

Name: \_\_\_\_\_ Date filled out: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Hospital Preference: \_\_\_\_\_

## MEDICAL HISTORY

- |   |  |
|---|--|
| <input type="checkbox"/> Heart Disease                            | <input type="checkbox"/> Cancer (type)               |
| <input type="checkbox"/> Congestive Heart Failure                 | <input type="checkbox"/> Arthritis                   |
| <input type="checkbox"/> Heart Attack                             | <input type="checkbox"/> Osteoporosis                |
| <input type="checkbox"/> Atrial Fibrillation/Irregular Heart Beat | <input type="checkbox"/> Blood Thinner/Anticoagulant |
| <input type="checkbox"/> Pacemaker                                | <input type="checkbox"/> Dementia/Alzheimer's        |
| <input type="checkbox"/> High Blood Pressure                      | <input type="checkbox"/> Seizures                    |
| <input type="checkbox"/> Asthma                                   | <input type="checkbox"/> Depression                  |
| <input type="checkbox"/> C.O.P.D.                                 | <input type="checkbox"/> Anxiety                     |
| <input type="checkbox"/> Emphysema                                | <input type="checkbox"/> Psychiatric (type)          |
| <input type="checkbox"/> Diabetes                                 | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Kidney Disease (Dialysis Y N)            | _____  |
| <input type="checkbox"/> Liver Disease                            | _____  |

## OTHER MEDICAL HISTORY NOTES/ASSISTIVE DEVICES

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

## ALLERGIES (TO MEDICATIONS OR OTHERWISE)

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

## DOCTOR

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## ADVANCED DIRECTIVES, M.O.S.T. OR DNR including LOCATION

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

M.O.S.T Location: \_\_\_\_\_

