

## What is the Vial of Life?

The Vial of Life is a national project being implemented in the City of Lake Elsinore. It is a plastic container that holds potentially life-saving information if you are found unconscious or unable to communicate with emergency medical personnel. In a medical emergency even if you are conscious or able to speak, you may not be able to provide or remember all pertinent information needed in order for medical personnel to begin treatment immediately. Those few minutes may save your life or the life of someone you love. The Vial of Life was created as a way to organize this vital information in one convenient place. The Vial of Life Project is a charitable non-profit organization that provides a life-saving option throughout the entire United States.

## What's in the Vial of Life?

The Vial of Life should contain all vital medical information for each person in your household including current medications, allergies, ailments, emergency contact person, primary physician and any advance directives in a location that is easily accessible for emergency personnel during a health-related crisis or accident. One form should be used for each person in the household.

## How do I use and store the Vial of Life?

Using a pencil, complete the Vial of Life Form with all pertinent information and place it in the container. Emergency medical personnel are trained to locate a Vial of Life within your home. The Vial of Life has a magnet attached to the backside of the container and is designed to be magnetically attached to your refrigerator.

## How to acquire the Vial of Life form and/or container?

The City of Lake Elsinore offers the Vial of Life forms and containers at no charge to residents. They can be picked up at City Hall, local Fire Stations, the Lake Community Center and/or the Senior Center. You can also visit [www.lake-elsinore.org](http://www.lake-elsinore.org) or call (951) 674-3124 ext. 314.

## What is a DNR?

A DNR is a "Do Not Resuscitate" order form for a patient that does not wish to be revived after their heart has stopped. The DNR form must be signed by a physician and must be present at the scene and given to emergency personnel in order to be valid. We recommend that the DNR form be placed in a location that is easily accessible.



# Vial of Life Form

(Use a pencil to fill out this form)



Name: \_\_\_\_\_ Document was last updated on: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: F or M Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Do you have a "DNR" *Do Not Resuscitate* order? Yes or No

If yes, where is it located? \_\_\_\_\_

Do you wear? Dentures: Yes / No Glasses: Yes / No Contacts: Yes / No  
(Circle)

Oxygen: Yes / No Hearing Aids: Yes / No

**Medical History:** (Circle medical conditions that apply)

Heart Attack Pacemaker Irregular Heartbeat Seizure Stroke Diabetes

Asthma Anemia Bleeding/Clotting Disorder Blood Pressure: High / Low

Tuberculosis Hepatitis HIV / AIDS Cancer (list type): \_\_\_\_\_

Other Conditions: \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Allergies to Medications:** \_\_\_\_\_

**Surgeries in the last 5 years:** \_\_\_\_\_

**Other Important Information:** \_\_\_\_\_

(Use back of the page for any additional information)