Vial of Life

WHY USE THE VIAL OF LIFE

In an emergency, it is important that medical providers are made aware of your personal health information and history so they can begin treating you with accurate information and without delay. The *Vial of Life* contains this vital information in one convenient and easy-to-find location.

WHY USE THE VIAL OF LIFE

The *Vial of Life* consists of the Vial (a plastic medicine bottle with a label on it), an information sheet, a refrigerator magnet and a door sticker.

Preparing the Vial

- Using a pencil so that information can be updated as needed, complete the information sheet (use print, not script.)
- Make a copy of your information sheet and give it to a family member or other emergency contact, or to your durable power of attorney, agent.
- Place the completed information sheet inside the Vial along with copies of your most recent medical history, medication list, durable power of attorney, living will, and Do Not Resuscitate (DNR) order, if you have them.
- Place the door sticker at the main entrance to your home.
- Place the magnet on your refrigerator where it can be easily seen.
- **Place the vial in a visible spot on a shelf in the upper right-hand corner of your refrigerator.** Local emergency response teams have been instructed to look in the refrigerator for the Vial.

Updating Information

- Remove the information sheet from the Vial and take it with you when you visit your doctor, pharmacy, or go to the emergency room. By doing so, you can record new information and update any changes to your current medications and dosages. The information in the Vial is **confidential** and will be given only to those emergency personnel responsible for your care.
- Be sure to place the updated sheet back into the Vial. Return the Vial to the refrigerator. Leave the Vial in the refrigerator, removing it only when you need to update information.

If you need a new information sheet, visit www.ELIH.org or call 631-477-5411.

ELIH EASTERN LONG ISLAND HOSPITAL
Putting CARE back in HealthCARE

Vial of Life

INFORMATION SHEET

Personal Information

NAME

ADDRESS

PHONE

DATE OF BIRTH ☐ MALE ☐ FEMALE

RELIGIOUS AFFILIATION

Medical Information

PRIIMARY PHYSICIAN'S NAME

PHONE

HOSPITAL OF CHOICE

INSURANCE INFORMATION

MEDICATION	DOSAGE	FREQUENCY

KNOWN ALLERGIES: (MEDICATION, FOOD, ETC.)

MEDICAL-ASSISTED DEVICES:

Do you have any of the following?

Pacemaker/Defibrillator	☐ YES	☐ NO
Artificial Valve	☐ YES	☐ NO
Specify kind:		
Hearing Aids	☐ YES	☐ NO
Dentures	☐ YES	☐ NO
Contact Lenses	☐ YES	☐ NO
Eyeglasses	☐ YES	☐ NO

Other: (please list)

(OVER)

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INFORMATION SHEET, continued

Past Medical History

This should include conditions such as diabetes, heart failure, irregular heartbeat, heart disease, emphysema, asthma, or lung problems. If you had surgery, include year, and the name and location of the hospital. If you have any information from a recent physical, including lab results, please attach.

Emergency Contact Information

NAME

RELATIONSHIP

ADDRESS

CITY

STATE ZIP

PHONE (WORK)

PHONE (HOME)

NAME

RELATIONSHIP

ADDRESS

CITY

STATE ZIP

PHONE (WORK)

PHONE (HOME)

I have a Living Will ☐ YES ☐ NO

I have a Durable Power of Attorney for Healthcare Decisions ☐ YES ☐ NO

I have a Do Not Resuscitate (DNR) Order ☐ YES ☐ NO

Please attach a copy of your Living Will, Durable Power of Attorney, and DNR Order

Other Information

(i.e., additional doctors you see, family illnesses, etc.)
Please attach a small photograph of yourself, if available)