



Folsom City Fire Department
535 Glenn Drive
Folsom, CA 95630
(916) 461-6300



VIAL OF LIFE

PATIENT INFORMATION

| | | | | |
|-----------------------------|---------------------------|--------------------|------------------------------|-------------------|
| Name: | | Age: | Date of Birth: | Sex: M F |
| Address: | | City: | State: | Zip: |
| Phone: (916) | Social Security #: | | Hospital Preference: | |
| Height: | Weight: | Hair Color: | | Eye Color: |
| Health Insurance 1: | Group #: | | Policy #: | |
| Health Insurance 2: | Group #: | | Policy #: | |
| Primary Doctor Name: | | | Primary Doctor Phone: | |

HEALTH INFORMATION

Medical Condition #1:

Condition #1 Medications & Dosage:

Medical Condition #2:

Condition #2 Medications & Dosage:

Medical Condition #3:

Condition #3 Medications & Dosage:

Medical Condition #4:

Condition #4 Medications & Dosage:

Medical Condition #5:

Condition #5 Medications & Dosage:

COMPLETE OTHER SIDE 

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HEALTH INFORMATION

Medical Condition #6:

Condition #6 Medications & Dosage:

Medical Condition #7:

Condition #7 Medications & Dosage:

Medical Condition #8:

Condition #8 Medications & Dosage:

Medical Condition #9:

Condition #9 Medications & Dosage:

Allergies to Medications:

Other Allergies:

Previous Surgeries:

**DO YOU HAVE A DO NOT RESUSCITATE
ORDER(DNR)?**

YES (Attach Copy)

NO

EMERGENCY CONTACT INFORMATION

Name:

Phone:

Relationship:

Name:

Phone:

Relationship:

Name:

Phone:

Relationship:

Date Updated: