Vial of Life Form

"The Vial of Life will speak for you when you can't"

What is the Vial of Life Program?

The Vial of Life is a national project being implemented in the City of Menifee by Riverside County Fire Department personnel. The Vial of Life allows individuals to maintain their vital medical information: current medications, allergies, ailments, contact person, primary physician and advance directive in a location that is easily accessible for emergency personnel during a health-related crisis or accident.

What's in the Vial of Life?

It is a form to record pertinent medical and other vital information and held within a clear plastic container. (Use one form for each person in the household.)

Where is the Vial of Life Stored?

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 I use the Vial of Life?

By using a pencil, complete the form with all your pertinent information, place it in the container and attach to the outside of your refrigerator.

How do I get a new Form?

Simply pick one up at your local Fire Station or Menifee City Hall during business hours. You can also visit www.cityofmenifee.us to find the form on-line. (Located on the Fire Department page).

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What is a DNR?

A DNR is a completely different form from the Vial of Life. A DNR is a "Do Not Resuscitate" order 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.
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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: _____ **Height:** _____ **Weight:** _____

Doctor's Name: _____ **Phone** (_____)_____

Contact Person's Name: _____ **Phone** (_____)_____

Gender: (Circle) Male or Female **Denture Use**: Yes or No **Glasses:** Yes or No

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

If so, where is it located?_____

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: _____

Medications: _____

_____

_____

Allergies to Medications: _____

Surgeries in the last 5 years:

_____

_____

Use back of the page for additional information