2130 Heritage Loop Rd.
Lake Nacimiento
Paso Robles, CA 93446
805-238-9641
805-238-3430 FAX

Heritage Ranch Owners Association

Emergency Services Committee

Working together for a safe community.

- Plan
- Prepare
- Inform

VIAL *of* LIFE

Medical Information

In case of emergency it's important to have your medical information available for 1st responders. Keep this information available on refrigerator, wallet, car etc.

Name	Today's Date
Address	Phone
City	State Zip
Date of Birth	Sex ☐ M ☐ F
Height	Weight
Insurance Co	Police #
Have you filled out an Advance Directive? ☐ Yes ☐ No Location_____ (ex. Do Not Resuscitate, Durable Power of Attorney for Health Care, or Living Will)	
Notify in Emergency:	
Name	Relationship
Phone	
Name	Relationship
Phone	
Medical Information:	
Primary Physician	Phone
Secondary Physician	Phone
Hospital Records at	
Pharmacy	Normal Blood Pressure
Drug Allergies (specify)	
Food Allergies (specify)	

Medical Information (continued):			
What medical problems do you have? (check all that apply):			
☐Allergies	☐Cancer	☐Heart	☐Mental Health
☐Alzheimer's / Dementia	☐Cholesterol	☐High Blood Pressure	☐Stroke
☐Arthritis	☐Diabetes	☐Other	
☐Asthma	☐Eye / Vision	☐Other	
Past Surgeries (type and date)			
Blood Type:			
Wear dentures ☐Yes ☐No		Wear Glasses ☐Yes ☐No	
Wear contacts ☐Yes ☐No		Use Oxygen ☐Yes ☐No	
Wear hearing aids ☐Yes ☐No		Other	

Current Medications (include over-the-counter medications):		
Name	Dosage	Times
Name	Dosage	Times
Name	Dosage	Times
Name	Dosage	Times
Name	Dosage	Times
Name	Dosage	Times
Name	Dosage	Times
Name	Dosage	Times
Name	Dosage	Times
Name	Dosage	Times
Name	Dosage	Times
Where do you keep your medications?		