

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	Policy #		
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?		