

IN CASE OF EMERGENCY, CALL:	
1) NAME:	
ADDRESS:	
PHONE:	
2) NAME:	
ADDRESS:	
PHONE:	
3) NAME:	
ADDRESS:	
PHONE:	

**CITY OF WORTHINGTON  
DIVISION OF FIRE & EMS**



**VIAL OF LIFE PROGRAM**

A means to communicate vital information between special needs population and Emergency Personnel or caregivers, in case of emergency.

**City of Worthington Division of Fire & EMS  
Reminds You:**

*Change Your Smoke Detector Batteries  
in the Spring & Fall!*

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For more information, call 885-7640

City of Worthington	
POLICE	<b>9-1-1</b>
FIRE	
MEDICAL	
Non-Emergency	
Police: 885-4463	Fire: 885-7640

PATIENT INFORMATION		
Date This Form Completed:		
Name:		
Date of Birth:	M:	F:
Address:		
Home Phone:		
Preferred Hospital:		
Doctor:		
Doctor's Phone:		
Insurance Co.:		
Insurance I.D.#		
Medicare #	Medicaid#	
Normal Blood Pressure:		
Normal Pulse Rate:		
<i>Miscellaneous Information</i>		

HEALTH & MEDICATIONS		
<i>Please check all conditions that apply to you:</i>		
High Blood Pressure	Heart Disease	Arthritis
Diabetes	Cancer	Glaucoma
Stroke	Lung Disease	Confusion
Pace Maker*	*Pace Maker Model #:	
Other Conditions:		
Allergies to Medications:		
Date of last doctor visit:		Diagnosis:
Medications	Dosage	Frequency
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		