

ATTN: MEDIC

VITAL HEALTH PACKET

Please make sure that all the information required in the booklet is filled out appropriately. Remember to make updates as necessary.

The Vital Health Information Packet should be placed on the door or side of the refrigerator (use a magnet or tape) for easy access in the event paramedics need your health information.

Step 1: Completely fill out your Vital Health Packet –

- **Medic Alert:** List any information a paramedic needs to know immediately (example: Diabetic, drug allergy).
- **Health Care Directive:** Most hospitals and doctors strongly recommend that you have a health care directive. Your local hospital, your doctor, and the person you have designated as your power of attorney for health care should have a copy.
- **Allergies:** List all medicines and/or substances (example: latex, tape) you are allergic to.
- **Medication:** Use a pencil as medications do change. List all **prescribed medications** as written on the label. Also list any **over the counter medications or herbal supplements** you take. Use a separate piece of paper if necessary and fold it up to keep with your booklet.

Step 2: Put your Vital Health Packet in a re-sealable zipper storage bag. Consider including other important documents such as: Do Not Resuscitate, Living Will, etc. Make sure **RED** Vital Health Packet cover is facing out so first responders can see it easily.

Step 3: Secure your Vital Health Packet to your refrigerator at eye level with tape or a magnet.

Medical History

My current medical conditions are:

Circle all that apply:

I use a cane or walker? Y N

I need help bathing? Y N

I have a care provider? Y N

I have trouble speaking? Y N

I have dentures? Y N

4

Medications

Please list all medications you currently take, dosage amount, Rx date and how often you take the medication:

5

Hearing & Vision

Describe any hearing or vision impairments

Vaccination History

Influenza: Y N

Date: _____

Pnuemococcal: Y N

Date: _____

6

Allergies

I am allergic to the following Medications:

Other substances:

Other Conditions:

7

9-1-1
Emergency

MEDICAL ALERT:

NAME:

Personal Information

Name: _____

DOB: _____ Male Female

Blood Type: _____

Health Insurance Information:

Health Insurance

Primary Physician:

Primary Hospital:

Additional Information:

Health Care Directive

Do you have an updated Health Care
Directive? Y N

If yes, where is it located? *(Paramedics will
need to see your copy)*

Emergency Contact

Name: _____

Relationship: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____