



# Friendswood EMS Vial of L.I.F.E.

THIS FILE IS CORRECT AS OF ___ / ___ / ___
NAME:
ADDRESS: _____ _____
PHONE:
SSN #:
DATE OF BIRTH:
MEDICATION / DRUG ALLERGIES: _____ _____
MEDICATIONS: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

MEDICAL HISTORY: _____ _____ _____ _____ _____
RELEVANT MEDICAL QUESTIONS: BLEEDING DISORDERS? YES / NO PACEMAKER? YES / NO HEART VALVES? YES / NO IMPLANTED MEDICAL DEVICES? YES / NO TEXAS OUT OF HOSP. DNR? YES / NO ADVANCED DIRECTIVES? YES / NO  LOCATION KEPT: _____
EMERGENCY CONTACT INFORMATION:  NAME: _____  PHONE #: _____  RELATIONSHIP: ANY SPECIAL CONSIDERATIONS? _____ _____ _____
FRIENDSWOOD VOL. FIRE DEPT. – EMS DIVISION 1000 S. FRIENDSWOOD FRIENDSWOOD, TX 77546 EMERGENCIES DIAL 911 NON-EMERGENCIES: 281 – 996 -3360

PLEASE PRINT LEGIBLE.