DUFFERIN COUNTY

Vial of Life

DUFFERIN COUNTY PARAMEDIC SERVICE

Date Completed / Last Updated: ________________

Patient Information		
Last Name	First Name	Initial
Date of Birth (yyyy-mm-dd)	Health Card Number	Version
Address	City	Postal Code
Primary Phone	Alternate Phone	
Primary Language Spoken:	Languages Spoken:	

Family Doctor / Nurse Practitioner	Phone	Location

Personal Support Information					
None ☐	Spouse ☐	Caregiver ☐	Parent ☐	Child ☐	Other ☐
(If Other Provide details)					
I am a Caregiver for					
Things that I need to go to the hospital with me:					

Emergency Contact Information	
Name	Relationship
Primary Contact Number	Secondary Contact Number

Documentation	Yes	No	Location
Do Not Resuscitate Order (DNR)	☐	☐	
Expected Death in The Home form	☐	☐	
Client is a registered Organ Donor	☐	☐	

Medical History			
Cardiac	**Respiratory**	**Neurological**	
Heart Failure ☐	COPD ☐	Strokes ☐	Cancer ☐
Heart Attack ☐	Asthma ☐	TIA's ☐	Visual Impairment ☐
Angina/Chest Pain ☐	Emphysema ☐	Seizures ☐	Hearing Impairment ☐
Pacemaker/ICD ☐	Bronchitis ☐	Autism ☐	Physical Impairment ☐
Irregular Heart Rate ☐	Pneumonia ☐	Syncope ☐	☐
High blood pressure ☐	Fluid on Lungs ☐	Dementia ☐	
High cholesterol ☐	☐	☐	
Abdominal	**Diabetes**	**Mental Health**	**Blood Disorders**
Ulcers ☐	Diet Controlled ☐	Depression ☐	Blood Clots ☐
Digestive Issues ☐	Oral Medication ☐	ADD/ADHD ☐	Anemia ☐
Kidney Issues ☐	Insulin ☐	PTSD ☐	Blood Thinners ☐
Reflux ☐	☐	Other ☐	☐

Other Medical Information

In an Emergency call 9-1-1

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Allergies						No Known Allergies	☐
ASA	☐	Penicillin	☐	Codeine	☐	Sulpha	☐
Other	☐						

Medications (Current Pharmacy Print-Out Is Preferred)

Medications	
My Pharmacy is	
Located	

I am connected with the following organizations/support services			
TeleCheck	☐	Dufferin County Community Paramedic	☐
Ontario Health atHome (Home Care: PSW/Nursing)	☐	Meals on Wheels	☐
CMHA	☐	Bethell Hospice	☐
Diabetes Education Clinic	☐	Dufferin County Community Support Services	☐
Alzheimer’s Society	☐	Caledon Community Support Services	☐
Other (Please List)			

OTHER RELEVANT INFORMATION:

Please place the completed Patient Information Card inside the medication vial on the upper shelf of the refrigerator or freezer door. The personal information will provide all the information required by the Paramedics, Nurses & Physicians in the event of an emergency.

Please attach the Med Check from your local pharmacy if available

It is VITAL that you keep your INFORMATION CARD UP TO DATE.

In an Emergency call 9-1-1