ARLINGTON HOUSING AUTHORITY
781-646-3400

VIAL FOR LIFE – MEDICAL INFORMATION

Administered with the Arlington Department of Community Safety

Tenant Name_____ Address_____

Date of Birth_____ Sex_____ Social Security No._____

Telephone_____ Religion_____ Hospital Preferred_____

Your Family Doctor_____
Name Address Telephone

Medical Insurance - Company Name_____ Policy No._____

Medicare No._____ Medicaid No._____ Blue Cross/Blue Shield No._____

In case of emergency, call_____
Name

_____
Address Telephone Relationship

Please list any medication you are currently taking and its dosage or any specific health problem which emergency personnel should be aware of.

_____

_____

IMPORTANT HEALTH DATA

Have you had any of the following (be sure to check each item)?

	Yes	No		Yes	No
Heart Disease	☐	☐	High Blood Pressure	☐	☐
Diabetes	☐	☐	Cancer	☐	☐
Stroke	☐	☐	Appendectomy	☐	☐
Lung Disease	☐	☐	Kidney Disease	☐	☐
Convulsions	☐	☐	Ulcers	☐	☐
Allergies	☐	☐			

(please list)_____

HOSPITALIZATION IN LAST 5 YEARS

Hospital	Year	Reason for Hospitalization