



FREE VITAL MEDICAL INFORMATION FILE INFORMATION AND INSTRUCTIONS

WHAT IS IT? The Vital Medical Information File is a Putnam County program designed to ensure that all citizens receive prompt and appropriate medical care in accordance with their wishes. When fully implemented, the Vital Medical Information File ensures that all of a person's important medical information is in one place and is easily accessible to you or a caregiver when going to the doctor, and to EMT's arriving on an emergency call. By creating a personal Vital Medical Information File, citizens are empowered to be their own healthcare advocates, even should they become unable to speak for themselves.

WHO IS IT FOR? The Vital Medical Information File is appropriate for all adults, but we are focusing on getting them in the hands of persons aged 60+ and persons living with serious, chronic illness.

HOW DOES IT WORK? Persons choosing to use the Vital Medical Information File will receive a red vinyl envelope with a strong magnet on the back designed to keep the envelope securely on the outside of your home's refrigerator. This envelope is designed to hold all your important medical information in one accessible location.

WHAT SHOULD I INCLUDE IN MY VITAL MEDICAL INFORMATION FILE?

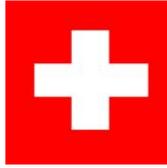
All adults should include the following in their Vital Medical Information File:

-  The completed Vital Medical Information Form identifying medications, blood type, allergies, health conditions, recent surgeries, etc.
-  Copy of current medical insurance cards and photo ID card.
-  Copy of legally signed healthcare representative documentation.
-  Copy of legally signed living will documentation.

If applicable, your Vital Medical Information File should also include the following:

-  Copy of Veteran cards.
-  Copy of implanted medical device information, if applicable, such as pacemaker, heart stents, prostheses, etc.
-  Indiana Out of Hospital Do Not Resuscitate form - *for persons who are seriously ill and/or frail, and must be signed by a physician, NP, or PA.*
-  Indiana Physician's Order for Scope of Treatment (POST) form - *for persons who are seriously ill and/or frail, and must be signed by a physician, NP, or PA.*

**Please see other side for instructions to use your
FREE VITAL MEDICAL INFORMATION FILE.**



Instructions for Using the Vital Medical Information File

1. Write your name on the outside of the Vital Medical Information File red envelope in permanent marker.
2. Fill out the Vital Medical Information Form. Print and be sure the information is accurate and legible. Include current date.
 - a. Use a sharp pencil to allow you to make updates in the future.
 - b. Make a copy of the completed form and put it in your Vital Medical Information File red envelope.
 - c. Put original in a fire-safe location.
 - d. Make plans to update the Vital Medical Information Form at least annually when you have your annual wellness physical.
3. Complete advance directive forms as appropriate and desired. The Indiana Advance Directive Form provided in the File helps you name healthcare representatives and make your own healthcare choices (i.e., living will). The Indiana Advance Directive Form may also be completed online and then printed at <https://prepareforyourcare.org/en/welcome>. The Out of Hospital Do Not Resuscitate form and the Physicians Order for Scope of Treatment (POST) form (on pink paper) are for seriously ill and/or frail individuals and must be signed by a physician, physicians assistant or nurse practitioner.
 - a. Obtain required signatures on forms.
 - b. Make copies of signed advance directives and give them to loved ones, caregivers, and healthcare providers.
 - c. Put copies of signed advance directive forms in the red envelope.
 - d. Put originals in a fire-safe location.
 - e. Talk with your healthcare representatives, healthcare providers, and loved ones about your advance directives and your wishes.
4. Put copies of ID card, health insurance cards, including VA cards if applicable, in the Vital Medical Information File red envelope.
5. Put copies of identification cards for pacemaker, prostheses, implants, heart stents, etc. in Vital Medical Information File red envelope.
6. Hang the Vital Medical Information File red envelope on the outside of your refrigerator.
7. Fill out the "I HAVE AN ADVANCE DIRECTIVE" wallet card and keep it in your wallet.
8. Put decal on outside door to alert emergency personnel that you have a Vital Medical Information File on your refrigerator.
9. Notify family members, caregivers, and others whom you trust that you have a Vital Medical Information File on your refrigerator.
10. Take the red envelope with you when you visit your doctor. Keep medical information up-to-date. Whenever there is a change in your medications or dosages, be sure to change it on your Vital Medical Information Form and re-date the card.

Where to go for help

If you have questions or need assistance completing your Vital Medical Information File, contact the Putnam County Hospice and Palliative Care Association at contact.us@pchpca.org or 765.301.7614.



**PUTNAM COUNTY HOSPICE AND
PALLIATIVE CARE ASSOCIATION**
1542 South Bloomington Street
Greencastle, IN 46135
www.pchpca.org
contact.us@pchpca.org