



Durham County EMS **AUTISM & SPECIAL NEEDS** **VIAL OF LIFE** Information Form



GENERAL INFORMATION – Date filled out: _____

Name of occupant with autism: _____ Nickname: _____

DOB: ____ / ____ / ____ Age: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Identifying scars/marks: _____

Address: _____

Parent (s)/Guardian(s)/Caregiver(s) Name: _____

Primary Phone: (____) ____ - ____ Secondary Phone: (____) ____ - ____

Email: _____

ADDITIONAL CAREGIVER or TRUSTED CONTACT

Name: _____

Address: _____

Primary Phone: (____) ____ - ____ Secondary Phone: (____) ____ - ____

Email: _____

METHOD OF COMMUNICATION

Please specify if nonverbal (e.g. sign language, picture boards, written word, etc.)

MEDICAL CARE PROVIDERS

Physician: _____ Phone Number: (____) ____ - ____

Dentist: _____ Phone Number: (____) ____ - ____

Other: _____ Phone Number: (____) ____ - ____

Other: _____ Phone Number: (____) ____ - ____



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MEDICATION	DOSAGE

SENSORY, MEDICAL, ALLERGY or DIETARY ISSUES/REQUIREMENTS

OTHER

Inclination for wandering and any atypical behaviors or characteristics that may attract attention: _____

Favorite attractions and locations where person might be found: _____

Likes and dislikes, including approach and de-escalation techniques: _____

To obtain additional forms please call 919-560-8285.