

## My Medical Alert Passport

**PLEASE RESPECT ME AS AN ADULT**

I will try my best to answer your questions and if I am unable to do so, my   is here and can help.

### Personal Information

Name:	I like to be called:	
Caregiver Name:	Ph. #	Guardianship: <input type="checkbox"/> Self <input type="checkbox"/> Other: _____
Known Allergies:	Dietary Restrictions:	

History of Seizures: Y N If yes, describe:

### Medication(s)

Current medication(s):		
Medication(s) I don't respond well to:		
Please don't make any changes to my medication without first talking to my prescribing physician:		
Name:	Role:	Phone number:

### Communication

How I <b>communicate</b> :	How I would like you to <b>communicate with me</b> :

**Pain:** Please do not assume there is nothing wrong with me if I don't express pain in the same way other people do.

How I <b>experience pain</b> :	How I <b>communicate pain</b> :

### Sensory/Environment

Things that <b>bother me or cause me distress/anxiety</b> :	Things that <b>help me to stay calm</b> and cope:

Things that <b>make me happy</b> :	Other important things <b>you should know about me</b> :

### Safety *(please check all that apply and indicate any preferred or helpful accommodations/support)*

	PICA (eating non-food items):
	Elopement risk (please describe):
	Aggressive or self-injurious behaviors (please describe):

Please refer to the Guidance Notes before filling out the Medical Alert Passport.