

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 communicate :	How I would like you to communicate with me :

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 experience pain :	How I communicate pain :

Sensory/Environment

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

Things that make me happy :	Other important things you should know about me :

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.