

MEDICAL HISTORY SHEET AND EMERGENCY CARD

Forms, forms, forms. Every time you see a new physician (sometimes when you see the SAME physician multiple times) you will have forms to fill out. Here is a worksheet that will let you keep a running tab on all of those things that you tend to forget when handed a clipboard full of blank spaces. You'll want to include conditions, procedures, and health events (ex. fractures, stroke, heart attack) and the approximate dates of when you received a diagnosis or their onset--month and year are best, but year is okay. Do your best. Things to list diagnoses (even if you are no longer symptomatic), surgeries, and anything that poses a danger to you--have you had a bad reaction to anesthesia? A bad experience with blood transfusion? Any allergies such as to dyes, gloves, or medications? Do you require any special care or assistance--wheelchair or other equipment for mobility, hearing loss, vision impairments, tiny veins if bloodwork is needed? Are you constantly exposed to any chemicals?

Here is also a medical card that can be tucked comfortably into your wallet in the event that an emergency takes place. In the event of an emergency, it is extremely important to make information available to others, especially in the event that you are unable to communicate them. Let me walk you through some of the specifics on this card that you may or may not be familiar with:

D.O.B. : Your date of birth. This will assist providers (doctors and facilities that administer medical care) in accessing your existing medical records and keeping track of you as you are moved and receive care.

SEX: **AFAB** = Assigned female at birth; **AMAB** = Assigned male at birth; **INTERSEX** = Having internal and external organs of both male and female biology such as testes, uteri, ovaries, cervix, penis, etc... .

MEDICAL ALERT: A LOT of things can fall into this category, but it is used to immediately identify any conditions that could be life-threatening. Some examples are asthma, blood disorders, seizure disorders, pacemakers, cancer, anaphylactic allergies and if you carry an epipen, mental disorders or risks such as stroke, alzheimer's, autism, or dementia, seizure disorders, and any physical disabilities that are otherwise invisible.

Allergies: List everything. Exposure to an allergen could be the reason you require emergency care.

Current Medications: List all medications and their doses. It is up to you if you would like to include long-term over-the-counter medications on this card.

*DIY tip: Make a copy, laminate, use sharpie to fill out in case you need to make changes. See the DIY section for more information.

NAME:				D.O.B.
SEX:	AFAB	AMAB	INTERSEX	other:
BLOOD TYPE:			ORGAN DONOR:	YES NO
 MEDICAL ALERT:				
ALLERGIES:				
CURRENT MEDICATIONS:				
EMERGENCY CONTACT: Name:				
Relationship:			Telephone:	

