

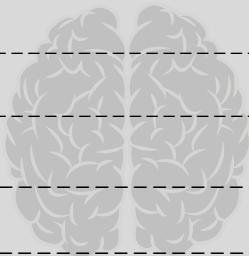
I AM A BRAIN INJURY SURVIVOR

MY NAME:

MY ADDRESS:

EMERGENCY
CONTACT:

EMERGENCY
PHONE #:



I have a brain injury which may affect my ability to Communicate

****SYMPTOMS OF MY BRAIN INJURY MAY INCLUDE:**

- **DIFFICULTY SPEAKING OR DELAYED RESPONSES**
- **INABILITY TO CONCENTRATE OR UNDERSTAND**
- **DIFFICULTY WITH MEMORY**
- **TROUBLE MANAGING MY ANGER OR CONFUSION**
- **HEADACHE, FATIGUE, DIZZINESS, OR OTHER MEDICAL CONDITIONS**
- **OTHER SYMPTOMS:**

**I CAN BEST COMMUNICATE IN A NON-CONFRONTATIONAL MANNER.
IF YOU OBSERVE ANY OF THESE SYMPTOMS, PLEASE CALL MY
EMERGENCY CONTACT ON THE FRONT OF THIS CARD TO ASSIST.
THANK YOU**