Emergency Health Cards: How-To Guide

Created by Toyia Blount and shared freely through They Look Forward

Start here

These six 4 x 6 cards help someone organize medication, health, communication, and care-team information so it can be handed to medical professionals or first responders when speaking is difficult or details are hard to recall.

Choose whichever method is easiest: write on the print-blank cards, type into the fillable PDF, ask a trusted person for help, or optionally use an AI tool you already understand and trust. No account, payment, mailing list, or AI subscription is required.

Files in the kit

Emergency_Health_Cards_Public_Master.pdf - print this version and write by hand.

Emergency_Health_Cards_Public_Set_Fillable.pdf - type into the fields, save a personal copy, and then print.

Make a separate personalized copy for each cardholder. Never copy another person's completed medical cards.

What each card is for

1	**Current Medications**	Allergies and reactions first, followed by current doses and directions; stopped medications stay separate
2	**Physical Health**	Documented conditions, major history, and evaluations still pending.
3	**Behavioral and Neuro Health**	Documented diagnoses or neurotypes, pending evaluations, remission status, and essential context.
4	**Communication and Access**	How stress or pain affects communication and what responders can do to help.
5	**Care Team and History**	Emergency contacts first, followed by clinicians, prior care, programs, referrals, and continuity informatio
6	**About This Kit**	The origin, purpose, and contact information for the free resource.

How to fill out the cards

1. Gather reliable sources: medication bottles, pharmacy or patient-portal lists, visit summaries, discharge paperwork, and the information the cardholder wants included.

2. Work one card at a time. It is fine to leave a field blank, write 'unknown,' or return later. Never guess to make a card look complete.

3. Use short, direct wording. Prioritize information that could change immediate care, communication, medication decisions, or safety.

4. Verify every medication name, strength, dose, timing, and current status. Remove duplicate refill-generated entries. Put stopped medications only in the clearly marked stopped section.

5. Keep documented diagnoses separate from symptoms, suspected conditions, and evaluations that are still pending. Add remission status or disputed/outdated history when it changes how a record should be understood.

6. Describe access needs in practical language: what may happen under stress, what another person might observe, and what responders can do that actually helps.

7. Review the entire set with the cardholder. Add the updated date to every card, save the working file, and print a fresh set.

What goes on each card

Card 1 - Current Medications: List medication, food, contact, and environmental allergies with the reaction they cause. Severity matters - 'rash' and 'anaphylaxis' lead to very different decisions. Write 'No known allergies' if that is accurate, so a responder knows the question was asked and answered, not skipped. Then list each current medication's name, strength, and exactly how and when it is taken. Include prescribed and relevant over-the-counter items. Clearly separate medications that were stopped or replaced.

Card 2 - Physical Health: documented physical diagnoses, major illnesses, surgeries, injuries, hospitalizations, and symptoms or conditions still being formally evaluated.

Card 3 - Behavioral and Neuro Health: documented diagnoses or neurotypes, pending evaluations, and context such as remission status, disputed records, or care considerations.

Card 4 - Communication and Access: how pain, stress, sensory overload, or an emergency can affect the cardholder; what helps; and what a responder should do next.

Card 5 - Care Team and History: Start with an emergency contact - name, relationship, and one phone number. A primary and one backup is plenty. Listing no one here is worse than listing someone imperfect, but do not list people without their knowledge if it can be avoided. Then add current and prior clinicians, relevant programs or hospitalizations, referrals, insurance interruptions, and where important records may be found.

Card 6 - About This Kit: keep this card with the set. It explains the resource and where to ask for help.

Choose your method

Option 1: Write by hand

Print Emergency_Health_Cards_Public_Master.pdf at Actual Size. Use a dark, permanent pen and write clearly. If you make a major correction, print a clean replacement instead of crowding the card.

Option 2: Type into the fillable PDF

Open Emergency_Health_Cards_Public_Set_Fillable.pdf in a PDF reader. Select a field, type the information, and use Tab or click to move to the next field. Save As a new personal filename before closing. Reopen the saved copy and confirm the entries are still present before printing.

If a browser preview will not save the fields correctly, download the PDF first and open it in a dedicated PDF reader. Keep an unfilled original so it is easy to start over.

Option 3: Get help from a person

A trusted helper can read records aloud, type, write, or ask one verification question at a time. The cardholder decides what is included and gives final approval.

Option 4: Use AI if you choose

AI can help sort duplicate medication entries, shorten wording, identify missing categories, and turn scattered notes into a draft. It must not invent, diagnose, or decide what is medically current. Verify every medical fact against a bottle, portal, clinician, or other reliable record.

Optional starter prompt

I am completing a six-card Emergency Health Card set. Help me organize only the information I choose to provide. Ask one question at a time. Keep documented conditions separate from pending evaluations, current medications separate from stopped medications, and access needs in plain language. Do not diagnose, guess, or fill missing details. Flag anything I need to verify before printing.

You can use that prompt without pasting records. You may answer only the questions you are comfortable answering, remove names and identifiers, or skip AI entirely.

Privacy, printing, and updates

Make a privacy choice on purpose

These cards are meant to be handed to people during care, so include only information the cardholder is comfortable making available in that situation. Do not include a Social Security number, password, account login, full insurance member ID, or financial information.

If using an online helper or AI tool, decide what you are comfortable sharing before you begin. Consider the tool's privacy controls and data-retention settings. Use the minimum information needed, remove direct identifiers when practical, and do not paste an entire medical record just because it is convenient. A private choice can reasonably differ from person to person.

Final verification

Read every card from top to bottom. Confirm spellings, medication strengths, directions, current versus stopped status, allergies (or the words 'No known allergies'), clinicians, dates, and emergency information from reliable sources. These cards support communication; they do not replace professional medical advice, a patient portal, or emergency services.

Printing

Use 4 x 6 paper and print at Actual Size or 100 percent. Turn off Fit to Page, scaling, and automatic cropping. Test one card before printing the full set. For a rear-feed Epson ET-2980, load the glossy or printable side up and feed the short edge first. Allow ink to dry fully.

If using a binder ring, punch through a blank edge area away from text. Photo paper is sturdy and moisture resistant, but confirm that the stock is inkjet-compatible.

When to update

Review after an emergency visit, hospitalization, medication change, new diagnosis, care-team change, or at least quarterly. Change the updated date, reprint affected cards, and destroy or clearly mark obsolete copies so they cannot be mistaken for the current set.

Success is leaving something worth carrying home.