Current Medications

[Name and preferred name]

ALLERGIES AND REACTIONS

- [Medication, food, latex, or other allergen - reaction and severity]
- [Allergen - reaction and severity]

Medication and strength	Directions
[Medication + strength]	[How and when taken]
[Medication + strength]	[How and when taken]
[Medication + strength]	[How and when taken]
[Medication + strength]	[How and when taken]
[Medication + strength]	[How and when taken]

NOT CURRENT OR RECENTLY STOPPED

[Medication name and date stopped, if useful]

Physical Health

[Name and preferred name]

CURRENT AND DOCUMENTED

- [Condition or diagnosis]
- [Condition or diagnosis]
- [Condition or diagnosis]
- [Condition or diagnosis]

IMPORTANT MEDICAL HISTORY

[Past illness, hospitalization, surgery, injury, or other history responders should know]

FORMAL EVALUATION PENDING

- [Symptoms or condition being evaluated]
- [Symptoms or condition being evaluated]

Behavioral and Neuro Health

[Name and preferred name]

CURRENT AND DOCUMENTED

- [Diagnosis or neurotype]
- [Diagnosis]
- [Diagnosis]
- [Diagnosis]

FORMAL EVALUATION PENDING

- [Condition being evaluated]
- [Condition being evaluated]

IMPORTANT NOTE

[Relevant context, remission status, disputed or outdated record, or care consideration]

Communication and Access

Information for medical professionals and first responders

Under stress, pain, or in an emergency, I may:
[Describe speech, recall, sensory, movement, or processing differences]

WHAT HELPS

- [Communication support]
- [Processing or sensory support]
- [Touch or movement preference]
- [Another helpful instruction]

POSSIBLE STRESS RESPONSE

[What others may observe and what it means]
[What responders should do next]

Care Team and History

[Name and preferred name]

EMERGENCY CONTACT

- [Name - relationship - phone]
- [Name - relationship - phone]

CURRENT OR RECENT

- [Name, credentials - specialty, clinic]
- [Name, credentials - specialty, clinic]

PRIOR CLINICIANS FAMILIAR WITH HISTORY

- [Name, credentials - specialty, clinic]
- [Name, credentials - specialty, clinic]

PAST PROGRAMS OR HOSPITALIZATIONS

- [Program or facility - dates and reason]

CARE CONTINUITY NOTE

[Referral status, insurance interruption, records location, or clinician with key history]

About This Kit

A free resource from They Look Forward

These cards were created by Toyia Blount and shared freely through They Look Forward. Nobody should have to rebuild their own medical history from scratch in a crisis.

If you need help making your own set, or you're adapting these for someone you care for, reach out at theylookforward.org — the door is always open.

Dragon's Oasis is another project in this family. Learn more at dragonsoasis.org

Success is leaving something worth carrying home.