



Use [Acrobat Reader](#), Preview on Mac, or similar to fill out the card. You can click each line to type in your information or Tab to cycle through each form field. **Font size will automatically decrease to accommodate more text once the end of a line has been reached, so be sure to Tab or click on the next line for fields with multiple lines to prevent text from getting too small.**

When done, print out this page landscape format and cut out the card. Fold first along the horizontal dashed line. Then, fold second along the vertical dashed line, so that “Emergency Medical Information” can be seen at the top of either side. Lastly, place in a plastic card holder (if desired).

We recommend that you consider working with your doctors to complete an Anesthesia/Hospital Care Plan to have on hand in case of need for an emergency procedure or hospitalization (see <https://www.hypersomniafoundation.org/anesthesia-and-ih>). Then, provide a copy of this plan to your emergency contact who you list on your medical alert card and/or upload this plan to a secure cloud service, such as Google Drive and provide that web address on your medical alert card. (Note: you may want to use a free url shortener, like [Bitly](#) or [TinyURL](#)).

EMERGENCY MEDICAL INFORMATION	EMERGENCY MEDICAL INFORMATION
<p>I have a rare disorder called <b>idiopathic hypersomnia (IH)</b>. <b>IH</b> is a neurological disorder characterized by excessive daytime sleepiness (often with associated cognitive dysfunction), despite getting a full night’s sleep. People with IH may also experience difficulty awakening, automatic behaviors, and symptoms related to the autonomic nervous system, such as feeling lightheaded. <b><i>My medications, and my IH itself, may interfere with other drugs and/or anesthesia.</i></b></p> <p>Additional/updated information can be found on my smartphone lockscreen: <input type="checkbox"/>Y <input type="checkbox"/>N</p>	<div data-bbox="1060 771 1354 860">  </div> <div data-bbox="1438 760 1690 868">  <p>Scan for More IH Info</p> </div> <p>My Name _____</p> <p>Emergency Contact: _____</p> <p>Emergency Phone #: _____</p> <p>Anesthesia/Hospital Care Plan: _____</p> <p>Doctor: _____ Phone: _____</p>
<p>Other Information: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Insurance Information: _____</p> <p>_____</p> <p>Blood Type: _____ Organ Donor: <input type="checkbox"/>Y <input type="checkbox"/>N</p>	<p>Doctor: _____ Phone: _____</p> <p>Medical Conditions: _____</p> <p>_____</p> <p>_____</p> <p>Medication(s): _____</p> <p>_____</p> <p>_____</p> <p>Allergies: _____</p>