



Prepare your idiopathic hypersomnia medical alert card:

1. Use [Acrobat Reader](#) to fill it out on a computer.
2. Click each line to type in your information or Tab to cycle through each form field.
Note: Font size will automatically get smaller to allow more text once you reach the end of a line. Therefore, be sure to Tab or click on the next line for fields with multiple lines to prevent text from getting too small.
3. Print out this page in landscape format, and cut out the card.
4. Fold first along the horizontal dashed line.
5. Fold second along the vertical dashed line, so that you can see "Emergency medical information" at the top of either side.
6. Place in a plastic card holder (if desired).



Emergency medical information	Emergency medical information
<p>I have idiopathic hypersomnia (IH) a neurologic sleep disorder defined by excessive daytime sleepiness despite getting a full night's sleep. Other symptoms may include sleep attacks and extreme difficulty awakening. If I'm safely sleeping, let me be. Otherwise, help ensure my safety. Don't try to wake me unless it's necessary. If you do, I may be delirious. My medicines, and my IH itself, may interfere with other medicines and anesthesia.</p> <p>For more information, see my smartphone lockscreen: <input type="checkbox"/>Y <input type="checkbox"/>N</p> <p style="text-align: right;">Unfold </p>	<div style="display: flex; justify-content: space-between; align-items: center;">  <div style="text-align: right;"> <p>Scan for more IH information</p>  </div> </div> <p>My name: _____</p> <p>Emergency contact: _____</p> <p>Emergency phone #: _____</p> <p>Medical records URL (includes anesthesia and hospital care plan <input type="checkbox"/>Y <input type="checkbox"/>N): _____</p> <hr/> <p>Doctor: _____ Phone: _____</p> <p>Doctor: _____ Phone: _____</p> <p>Medical conditions: _____</p> <p>_____</p> <p>_____</p> <p>Medicines: _____</p> <p>_____</p> <p>_____</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>Allergies: _____</p>	