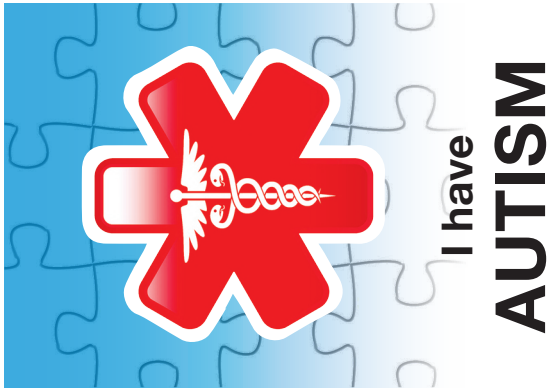
PAGE 1 - This Health Profile form should open in Adobe Reader. **Save** this original file to your computer. Next we recommend you Save this file again but Rename it to include the User's name or initials. **Fill out** this 2-page form by clicking in the areas you wish to fill out. Re-Save frequently while filling it out. To Print, go to the print dialogue box and **UN**check the grayscale B&W option. Click the "Printer" tab at bottom, check box for "2-sided" or "Print on both sides of paper." Specify "Short-Edge binding" or "Flip on Short Edge." **Print. Trim** on dotted lines, fold into a tri-fold, insert into your MediPal ID holder and secure to the user's seatbelt.

Thank you for being a part of the MediPal ID family. Take good care.

The MediPal® Seatbelt ID

Saving Time Saves Lives

MediPal Inc.



This is a screen-fillable PDF form. Find it here:

www.medipal.com/insert/spectrum

My Personal Information:

Place a photo of my face here.

My Name:

_____

My Nickname: _____

My Date of Birth: _____

My Address:

_____

My Home Phone: _____

My Cell Phone: _____

My Pet(s) & location: _____

_____

Location of my Health Care Directive:

_____

Family's meeting place away from home:

My Emergency Contacts:

(Consider listing one out-of-town contact.)

Parent/Caregiver 1:

_____

Phone: _____

Parent/Caregiver 2:

_____

Phone: _____

My Healthcare Power of Atty.: name/phone

_____

My Automobile Insurance Company:

Name: _____

Phone: _____

Policy #: _____

My Medical Insurance Company:

Name: _____

Phone: _____

Member I.D.#: _____

My Primary Doctor:

Name: _____

Phone: _____

My Specialty Doctor:

Name: _____

Phone: _____

My Dentist:

Name: _____

Phone: _____

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PAGE 2 - This Health Profile form should open in Adobe Reader. **Save** this original file to your computer. Next we recommend you Save this file again but Rename it to include the User's name or initials. **Fill out** this 2-page form by clicking in the areas you wish to fill out. Re-Save frequently while filling it out. To Print, go to the print dialogue box and **UN**check the grayscale B&W option. Click the "Printer" tab at bottom, check box for "2-sided" or "Print on both sides of paper." Specify "Short-Edge binding" or "Flip on Short Edge." **Print. Trim** on dotted lines, fold into a tri-fold, insert into your MediPal ID holder and secure to the user's seatbelt.

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My Diagnosis:

☑ **Autism** ☐ Mild ☐ Mild/Mod ☐ Mod/Severe ☐ Severe

Other Medical Condition(s):

My Primary Language is: _____

I Communicate By: ☐ Voice ☐ Sign Language ☐ Gestures ☐ Picture ICONS ☐ Written Word ☐ Communication Device ☐ Interpreter

My typical behaviors may include:

Motivators to positive behavior are:

Causes of negative behavior are:

Coping strategies are:

My Medical Information:

My Blood Type: _____

My Weight: _____ **My Height:** _____

☐ Hearing loss ☐ Wear hearing aids
☐ Vision loss ☐ Wear Glasses

My Medications

As of this date: _____
(Include Names and Dosages of all prescriptions, herbal and homeopathic medicines.)

My Pharmacy name: _____

Phone: _____

Received Covid Vaccine: ☐ Yes ☐ No
☐ Pfizer ☐ Moderna ☐ Other: _____

My Allergies to food or medication:
(Include side effects)

My Preferred Hospital:

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