

**Front of Card**



**I have sustained a brain injury**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**Back of Card**

**I have sustained a brain injury.**

Symptoms directly attributable to my injury may include:

- Poor coordination, balance, muscle control, or atypical gait
- Impaired speech, vision, hearing, understanding, or memory
  - Confusion, disorientation, dizziness, or distractibility
  - Delayed communication, processing, or response times
  - Agitation, irritability, restlessness, impatience, or anxiety
  - Lack of planning, judgment, insight, or reasoning skills
- Disinhibition, impulsivity, or otherwise inappropriate behavior
- Inability to control anger, aggression, or explosive behavior
- Seizures

Please assist me during crisis by calling the Emergency Contact number on the back of this card.  
For Brain Injury information, call the Brain Injury Association of Washington - Washington State TBI  
Resource Center 877-824-1766