

I HAVE HAD A BRAIN INJURY

MY NAME: _____

EMERGENCY CONTACT: _____

CONTACT'S TELEPHONE: _____



**Brain Injury
Alliance**
I O W A

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SYMPTOMS OF MY BRAIN INJURY MAY INCLUDE:

- Poor coordination, balance, or muscle control
- Slurred speech and/or vision or hearing impairments
- Difficulty with attention, concentration, memory, understanding, or judgement
- Trouble controlling anger or aggressive behavior
- Confusion, disorientation, or dizziness
- Delayed thought processing or response time
- Socially inappropriate or impulsive behavior
- Seizures, headaches, fatigue, or other medical conditions
- Difficulty with language - speaking, understanding, reading, or writing
- Other symptoms: _____

I CAN COMMUNICATE BEST IN A CALM, NON-CONFRONTATIONAL MANNER. IF YOU THINK I AM HAVING DIFFICULTIES WITH THE SYMPTOMS FROM MY BRAIN INJURY, PLEASE HELP ME BY CONTACTING MY EMERGENCY CONTACT LISTED ON THIS CARD.