

Complements of the Brain Injury Resource Center of Wisconsin, Inc.

Front of Card

Back of Card



I AM A BRAIN INJURY SURVIVOR

Name: _____

Address: _____

Telephone: _____

Emergency Contact: _____

Emergency Phone: _____

PLEASE READ REVERSE SIDE



SYMPTOMS OF A BRAIN INJURY MAY INCLUDE:

- Poor coordination/balance
- Slurred Speech
- Impaired Hearing/Vision
- Difficulty Concentrating
- Memory Problems
- Aggressive Behavior
- _____
- Confusion
- Dizziness
- Delayed Thought Processing
- Irritability or impatience
- Impaired Judgment
- Inappropriate Behavior
- Impulsivity

Please communicate in a calm, non-confrontational manner. If you observe the above symptoms, please call the emergency number listed on the reverse side

Thank You for your courtesy and assistance! (www.bircofwi.org)

Brain Injury Survivor Wallet Card

A person with a brain injury can carry this wallet card to help avoid misunderstandings with law enforcement, first responders, and others. The card includes contact information, common signs and symptoms of brain injury, and a request to call a designated emergency contact if needed.

INSTRUCTIONS:

1. Download the wallet card (.pdf file)
2. Print the page out on regular paper or card stock
3. Type or write the information requested in a clear, clean, and legible manner on the front of the card
4. Highlight your typical symptoms from the list provided on the back of the card or write in if not indicated
5. Carefully trim along the outside edges only
6. Fold along the line in the middle (your name will be in front and the symptoms in the back)
7. Card may be laminated to make sturdier and longer lasting
8. Questions? Contact us at 262-770-4882 or admin@bircofwi.org
9. Visit us at www.bircofwi.org for more information and resources relating to brain injury