Current Medications:

Drug Allergies:

Trans Emergency Medical Card

Trans Emergency Medical Card

Current Medications:

Drug Allergies:

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Drug Allergies:

Trans Emergency Medical Card

Trans Emergency Medical Card

Name (Preferred):					Name (Preferred):			
Gender ID:	Male	Female			Gender ID:	Male	Female	
Preferred Pronouns:					Preferred Pronouns:			
Assigned Gender	r at Birth:	Male	Female		Assigned Gender a	t Birth:	Male	Female
Have had affirmi	ng surgery:	Yes	Νο		Have had affirming	g surgery:	Yes	No
Insurance Comp	any:				Insurance Compar	ıy:		
Insurance Phone Number					Insurance Phone Number			
Name (Preferred):					Name (Preferred):			
Gender ID:	Male	Female			Gender ID:	Male	Female	
Preferred Pronouns:					Preferred Pronouns:			
Assigned Gender	r at Birth:	Male	Female		Assigned Gender a	t Birth:	Male	Female
Have had affirmi	ng surgery:	Yes	No		Have had affirming	g surgery:	Yes	No
Insurance Company:					Insurance Company:			

Insurance Phone Number

Insurance Phone Number