
Current Medications:

Drug Allergies:

Trans Emergency Medical Card

Current Medications:

Drug Allergies:

Trans Emergency Medical Card

Current Medications:

Drug Allergies:

Trans Emergency Medical Card

Current Medications:

Drug Allergies:

Trans Emergency Medical Card

Name (Preferred):

Gender ID: Male Female

Preferred Pronouns:

Assigned Gender at Birth: Male Female

Have had affirming surgery: Yes No

Insurance Company:

Insurance Phone Number

Name (Preferred):

Gender ID: Male Female

Preferred Pronouns:

Assigned Gender at Birth: Male Female

Have had affirming surgery: Yes No

Insurance Company:

Insurance Phone Number

Name (Preferred):

Gender ID: Male Female

Preferred Pronouns:

Assigned Gender at Birth: Male Female

Have had affirming surgery: Yes No

Insurance Company:

Insurance Phone Number

Name (Preferred):

Gender ID: Male Female

Preferred Pronouns:

Assigned Gender at Birth: Male Female

Have had affirming surgery: Yes No

Insurance Company:

Insurance Phone Number
