

**COMPLEX REGIONAL
HANDLE
WITH CARE
PAIN SYNDROME**

RARE, NEUROLOGICAL, CHRONIC PAIN DISEASE

LEARN MORE ABOUT CRPS AT SOLUTIONISTSMIND.ORG



MEDICAL ALERT CARD



NAME: _____

MEDICAL CONDITIONS:**MEDICATIONS:**

ALLERGIES:

NOTES:

PLEASE ALWAYS ASK BEFORE TOUCHING ME!

MY CLOTHES ALONE ARE EXCRUCIATING!

EMERGENCY CONTACT:

ADDRESS:**PHONE:**

RELATION:

DOCTOR:

ADDRESS:**PHONE:**[illegible]