

BRAIN CHANGE SAFETY PROFILE

INFORMATION TO HELP FIRST RESPONDERS RECOGNIZE, COMMUNICATE WITH AND SAFELY ASSIST ME

This voluntary form provides first responders with information that may be helpful during an emergency or unexpected encounter. My brain changes may affect how I understand, communicate, remember, or respond under stress.

ABOUT ME

Name: _____

Preferred name: _____ Date of birth: _____

Home address: _____

Photo attached: ·Yes · No

WHEN I AM CONFUSED, OVERWHELMED, OR AFRAID, I MAY:

- Have difficulty answering questions
- Have difficulty finding words
- Not know where I am or why you are there
- Become quiet or stop responding
- Become agitated, angry, or defensive
- Resist being touched or physically redirected
- Have difficulty understanding what is being asked
- Other: _____
- Repeat myself or ask the same question
- Give inaccurate information without realizing it
- Not recognize familiar people or places
- Become frightened, anxious, or tearful
- Try to leave or walk away
- Have difficulty following multiple-step instructions
- Appear intoxicated when I am not

WHAT HELPS ME

- Approach slowly and calmly
- Speak slowly; use short, simple sentences
- Give me extra time to respond
- Avoid arguing with or correcting me
- Do not approach suddenly from behind
- Contact someone who knows me
- Tell me your name and why you are there
- Ask one question at a time
- Reduce noise, lights, crowds, and stimulation
- Reassure me that I am safe
- Ask permission before touching me
- Other: _____

Preferred name/words or things that calm or reassure me: _____

Things that may frighten, upset, or escalate me: _____

WHO TO CALL

Primary Emergency Contact: _____

Relationship: _____ Phone: _____

Secondary Contact: _____

Relationship: _____ Phone: _____

Primary Care Provider: _____

Practice Name: _____ Phone: _____

PLEASE REMEMBER

My difficulty understanding, remembering, communicating, or following directions may be caused by brain change. It should not automatically be interpreted as intoxication, aggression, dishonesty, or intentional noncompliance.

A calm approach, clear communication, additional processing time, and contacting someone who knows me can make an enormous difference.

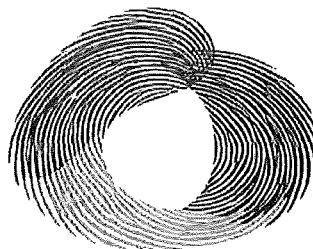
Form completed by: _____

Relationship: _____ Phone: _____

Date completed/updated: _____

This form is voluntary and is intended to provide helpful information to first responders. It does not replace emergency medical assessment or establish a medical diagnosis.

Please return completed form to:
BLADEN COUNTY SHERIFF'S OFFICE
299 SMITH CIRCLE
ELIZABETHTOWN, NC 28377



StillUs.org