# Appendix f: Medical Data
# In case of emergency for Person with ME/CFS

**Steps:**

1. Caregiver and PwME fill in this document..
2. 3 copies of this document are retained in the PwME's "Go Bag".
3. **Copies are provided to medical staff as needed such as ambulance attendees, doctors/nurses and hospital administrators.**

## 1. Person with Myalgic Encephalomyelitis (ME/CFS)

### PwME Details:

- Full Legal Name:_____
- Preferred Name: _____
- Birth Date: _____
- BC Carecard #: _____
- Cell phone #: _____
- Residential Address: _____
- Email Address: _____

- Other:

_____

_____

_____

_____

_____

## 2. Accommodations

a. Physical accommodations (e.g., quiet room, reduced stimuli).

_____

_____

_____

b. Dietary Restrictions/Needs

_____

_____

_____

c. ME/CFS-specific anesthesia recommendations.
https://drlapp.com/resources/advice-for-pwcs-anticipating-anesthesia-or-surgery/

d. Link to *Canadian Consensus Criteria* or local ME/CFS guidelines.
(https://me-pedia.org/wiki/Canadian_Consensus_Criteria)

## 3. Medical Information

### a. Key Symptoms/Triggers:

*(e.g., severe PEM (Post Exertional Malaise), light/sound sensitivity, orthostatic intolerance)*

_____

_____

_____

### b. Medical portal links and passwords:

_____

_____

_____

## c. Medications/Compounds/Supplements

| | Medication | Dose/Frequency | Prescribing Doctor |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
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