



EMERGENCY MEDICAL ALERT

Dx: Autoimmune Encephalitis

Name: _____ DOB: ____/____/____

Address: _____

Phone: _____

Symptoms when disease flares: _____

Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Medications: _____

Allergies: _____

Medical Condition: _____

Other Information: _____

AE is refractory to anti-psychotic medications. These may worsen condition.