

Quick Reference Health Card

Preferences & Accommodations

- Do not weigh me* | Blind weigh me* | Do not discuss my weight*

*Unless medically necessary

Pronouns: _____

I need assistance with:

- Reading documents
- Filling out forms
- Translation
- Accessing weight-inclusive equipment (i.e., seating, gowns, blood pressure cuffs)
- _____

Care provider preference:

- Male/male identifying
- Female/female identifying
- Nonbinary
- LGBTQ+ affirming provider
- _____
- _____

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History

The following items are important to my care. I have a history of:

- Eating disorder
- Addiction (specify): _____
- Trauma (check if applicable): sexual | physical | mental | spiritual
- Mental health condition
- _____
- _____



Eating
Recovery
Center



Pathlight
Mood &
Anxiety
Center