



PLEASE READ I HAVE ALS

**Do not give me oxygen.
I cannot breathe when I lie
flat. I use _____
to help me breathe.**

I eat & take medications:

- Via mouth**
- A thickened texture diet**
- Via feeding tube**

**I understand what
you are saying. I
communicate using:
_____.**

**I have weakness or
immobility in my:**

- Neck** **Legs**
- Arms** **Trunk**

Ask Me or Call my Caregiver for More Information
NAME: _____ NUMBER: _____

