myestatemanager™

OPTIONS for this PDF:

1. BY HAND: Print this blank form, complete and file printed paper copy in a secure location.

2. ON SCREEN: Complete form on-screen and print. File printed paper copy.

3. STORE ON PC: Complete PDF using Foxit Reader or Adobe Acrobat. Save locally for editing.

Medical History

This completed form will be useful if you need to go in for medical treatment.

You can create as many pages as needed for different individuals. This page is for:____________________

Page _____ of _____ Pages

General Information

Blood Type	
Allergies	
Current Prescriptions	

Medical History

Check all that apply to you or your immediate family (parents, siblings, grandparents):

	You	Relatives	Explain
High Blood Pressure	☐	☐	
Heart Disease	☐	☐	
Diabetes	☐	☐	
Stroke	☐	☐	
Asthma / Lung Problems	☐	☐	
Breast Cancer	☐	☐	
Colon Cancer	☐	☐	
Other kinds of Cancer	☐	☐	
Mental Problems (depression, bipolar, schizophrenia, etc)	☐	☐	
Alcohol or Drug Problem	☐	☐	
Other diseases that run in your family:			
________________	☐	☐	
________________	☐	☐	
________________	☐	☐	
________________	☐	☐	

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Any medical information placed on a form could be accessible and redistributed other to individuals who may or may not have a need to know. This information is therefore is not subject to HIPAA requirements.