LYFE PLUM

MEDICAL INFORMATION

Medical History

The information provided here is important for your spouse, children, and grandchildren. It is also suggested that you keep your medical records for your family, as physicians often ask for it.

I have had treatment for: (include date and details)

Cancer: _____

Tuberculosis: _____

Kidney Disorder: _____

Diabetes: _____

Circulatory Problems: _____

Heart: _____

Other: _____

I am taking the following medications:

1. _____ 3. _____
2. _____ 4. _____

I am allergic to:

1. _____ 3. _____
2. _____ 4. _____

Physician's Name: _____

Physician's Contact: _____

Office Location: _____

I am an Organ Donor ☐ Yes ☐ No