



# Organizing Your Personal Affairs

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Compliments of

*Renee Shannon*

**Today's Insurance Benefits**  
8125 Deerwood Forest Drive  
Fort Worth, TX 76126  
817-249-8200 Office  
817-249-8203 Fax  
866-607-3040 Toll Free  
[renee@todaysinsurancebenefits.com](mailto:renee@todaysinsurancebenefits.com)  
[www.todaysinsurancebenefits.com](http://www.todaysinsurancebenefits.com)

This document is being provided to you for the sole purpose of having everything planned and organized for your loved ones. No one ever wants to think about this I know, but what would your family do? Would they know where everything was?

# Organizing Your Personal Affairs

## *About You*

Your legal name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your citizenship \_\_\_\_\_ Your race \_\_\_\_\_

Your religious affiliation \_\_\_\_\_

Occupation or former occupation (kind of work you did most of your life) \_\_\_\_\_

Your education: High School \_\_\_\_\_ College \_\_\_\_\_

Graduate School \_\_\_\_\_ Other \_\_\_\_\_

## *SIGNIFICANT OTHER*

Marital Status:    \_\_\_Married    \_\_\_Divorced    \_\_\_Widowed    \_\_\_Other \_\_\_\_\_

Name of spouse/significant other \_\_\_\_\_

Spouse/significant others place of birth \_\_\_\_\_

## *FAMILY*

Mother's maiden name \_\_\_\_\_ Her place of birth \_\_\_\_\_

Her address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's name \_\_\_\_\_ His place of birth \_\_\_\_\_

His address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## *CHILDREN*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## *GRAND CHILDREN*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## *SIBLINGS*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## *GOD PARENTS*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## *OTHER PERTINENT FAMILY MEMBERS*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

## *MILITARY*

Dates of service \_\_\_\_\_ Branch of service \_\_\_\_\_

Rank \_\_\_\_\_ Service Number \_\_\_\_\_

Wars/conflicts served: First \_\_\_\_\_ Second \_\_\_\_\_

Location of discharge papers (you will need a copy of these papers) \_\_\_\_\_

## *FRATERNAL ORGANIZATIONS*

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## *INSURANCE INFORMATION*

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

My policy is located at: \_\_\_\_\_

Life Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

My policy is located at: \_\_\_\_\_

Beneficiary \_\_\_\_\_ Contingent \_\_\_\_\_

My policy is located at: \_\_\_\_\_

Long Term Care Company \_\_\_\_\_ Policy Number \_\_\_\_\_

My policy is located at: \_\_\_\_\_

Annuity Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

My policy is located at: \_\_\_\_\_

Disability Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

My policy is located at: \_\_\_\_\_

Other Policies: Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Amount \_\_\_\_\_ Reason Purchased \_\_\_\_\_

My policy is located at: \_\_\_\_\_

## *PENSION DETAILS*

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

Type (401k, RRSPs, RRIFs, etc.) \_\_\_\_\_

Value \_\_\_\_\_ Other \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

Type (401k, RRSPs, RRIFs, etc.) \_\_\_\_\_

Value \_\_\_\_\_ Other \_\_\_\_\_

# CREDIT CARDS

Card Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Additional Card Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number of Additional Card Holder \_\_\_\_\_

Card Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Additional Card Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number of Additional Card Holder \_\_\_\_\_

Card Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Additional Card Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number of Additional Card Holder \_\_\_\_\_

Card Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Additional Card Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number of Additional Card Holder \_\_\_\_\_

Card Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Additional Card Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number of Additional Card Holder \_\_\_\_\_

Card Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Additional Card Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number of Additional Card Holder \_\_\_\_\_

# SAFETY DEPOSIT BOX

I have a Safety Deposit Box?  Yes  No      Box Number \_\_\_\_\_

It is located at \_\_\_\_\_ Contact Number \_\_\_\_\_

Additional Key Holder \_\_\_\_\_ Contact Number \_\_\_\_\_

In the event of no Additional Key Holder the contents of the box is to be opened by:

\_\_\_\_\_ Contact Number \_\_\_\_\_

# *FINANCIAL INSTITUTIONS*

Savings Account Location (Name of Bank) \_\_\_\_\_

Name of Joint Account Holder \_\_\_\_\_ Phone \_\_\_\_\_

Savings Account Location (Name of Bank) \_\_\_\_\_

Name of Joint Account Holder \_\_\_\_\_ Phone \_\_\_\_\_

Checking Account Location (Name of Bank) \_\_\_\_\_

Name of Joint Account Holder \_\_\_\_\_ Phone \_\_\_\_\_

Checking Account Location (Name of Bank) \_\_\_\_\_

Name of Joint Account Holder \_\_\_\_\_ Phone \_\_\_\_\_

## *POWER OF ATTORNEY*

I have a will:     \_\_\_Yes     \_\_\_No

It is located at name/place: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

My attorney's name is: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The executor of my Will is: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I have a living will:     \_\_\_Yes     \_\_\_No

It is located at: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I have a medical Power of Attorney:     \_\_\_Yes     \_\_\_No

It is located at: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The person designated under my Medical Power of Attorney is: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

# *FUNERAL ARRANGEMENTS*

I have already made my funeral arrangements: \_\_\_Yes \_\_\_No

I wish to have my body: \_\_\_ Buried (at \_\_\_\_\_)  
\_\_\_ Cremated (given to \_\_\_\_\_)  
\_\_\_ Donated (to \_\_\_\_\_)

I would like a: \_\_\_Traditional Funeral \_\_\_Direct Burial \_\_\_Direct Cremation \_\_\_Other (\_\_\_\_\_)

I would like my ceremony to be: \_\_\_Religious \_\_\_Personalized \_\_\_Military \_\_\_Other\_\_\_\_\_

I wish to have my funeral handled by: \_\_\_\_\_

Phone\_\_\_\_\_ Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

I want my Viewing/Funeral to be: \_\_\_Open Casket \_\_\_Closed Casket \_\_\_Other\_\_\_\_\_

I would like my service to be conducted by: \_\_\_\_\_

Phone\_\_\_\_\_

I would like my eulogy to be conducted by: \_\_\_\_\_

Phone\_\_\_\_\_

I would like to request the following people as Pallbearers:

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

I would like to be buried wearing\_\_\_\_\_

I would prefer to be buried wearing my jewelry: \_\_\_Yes \_\_\_No

I would like to have the following songs played at my funeral: \_\_\_\_\_

In honor of my memory I would prefer: \_\_\_Flowers be sent to the Funeral Home

\_\_\_ Donations to be made to:\_\_\_\_\_ \_\_\_Other:\_\_\_\_\_



Special Instructions: \_\_\_\_\_

## *ORGAN DONATION INFORMATION*

Are you an Organ Donor: \_\_\_ Yes \_\_\_ No

If it is at all possible I would like to have the following organs donated: \_\_\_\_\_None \_\_\_\_\_All

\_\_\_Heart \_\_\_Liver \_\_\_Kidney \_\_\_Lung \_\_\_Pancreas \_\_\_Intestine \_\_\_Cornea

\_\_\_Skin \_\_\_Bone \_\_\_Bone Marrow \_\_\_Eyes \_\_\_\_\_Other:\_\_\_\_\_

Donor\_\_\_\_\_ Date\_\_\_\_\_

Witness\_\_\_\_\_ Date\_\_\_\_\_

Witness\_\_\_\_\_ Date\_\_\_\_\_

## *COPIES OF THIS DOCUMENT*

Copies of this document have been probated: \_\_\_ Yes \_\_\_ No

Copies of this document are kept by the following people:

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

*HOW I WOULD LIKE MY HEADSTONE, FOOTSTONE,  
& OBITUARY TO READ*

The following should be followed:

Exactly     As a guideline     At discretion     Does not matter

Headstone:

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Footstone:

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Obituary:

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# *SPECIFIC CONTACTS AT THE TIME OF PASSING VIA PHONE*

Call :(name) \_\_\_\_\_ at (phone) \_\_\_\_\_

Tell them: \_\_\_\_\_

\_\_\_\_\_

Tell them to contact \_\_\_\_\_ at (phone) \_\_\_\_\_

Call :(name) \_\_\_\_\_ at (phone) \_\_\_\_\_

Tell them: \_\_\_\_\_

\_\_\_\_\_

Tell them to contact \_\_\_\_\_ at (phone) \_\_\_\_\_

Call :(name) \_\_\_\_\_ at (phone) \_\_\_\_\_

Tell them: \_\_\_\_\_

\_\_\_\_\_

Tell them to contact \_\_\_\_\_ at (phone) \_\_\_\_\_

Call :(name) \_\_\_\_\_ at (phone) \_\_\_\_\_

Tell them: \_\_\_\_\_

\_\_\_\_\_

Tell them to contact \_\_\_\_\_ at (phone) \_\_\_\_\_

Call :(name) \_\_\_\_\_ at (phone) \_\_\_\_\_

Tell them: \_\_\_\_\_

\_\_\_\_\_

Tell them to contact \_\_\_\_\_ at (phone) \_\_\_\_\_

# *SPECIFIC CONTACTS AT THE TIME OF PASSING VIA MAIL*

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I already have a letter written for them: \_\_\_Yes \_\_\_No

If Yes it is located \_\_\_\_\_

If No, Please write \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I already have a letter written for them: \_\_\_Yes \_\_\_No

If Yes it is located \_\_\_\_\_

If No, Please write \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I already have a letter written for them: \_\_\_Yes \_\_\_No

If Yes it is located \_\_\_\_\_

If No, Please write \_\_\_\_\_

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# *MY PERSONNAL INFORMATION*

Favorite Bible Verse\_\_\_\_\_

Favorite Song\_\_\_\_\_

Favorite Holiday\_\_\_\_\_

Favorite Place\_\_\_\_\_

Favorite Color\_\_\_\_\_

Most Important Event in My Life\_\_\_\_\_

Saddest Day of My Life\_\_\_\_\_

Favorite Saying\_\_\_\_\_

Lucky Number(s)\_\_\_\_\_

Hobbies\_\_\_\_\_

\_\_\_\_\_

Most Prized Possession\_\_\_\_\_

Best Friend(s) \_\_\_\_\_

Accomplishments\_\_\_\_\_

Favorite Charity\_\_\_\_\_

Greatest Goal\_\_\_\_\_

Favorite Movie\_\_\_\_\_

Favorite TV Show\_\_\_\_\_

Favorite Actor/ Actress\_\_\_\_\_

Favorite Car\_\_\_\_\_

Other Things of Personal Interest\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# *AUTOMOBILE/ VEHICLE DETAILS*

Vehicle Model \_\_\_\_\_ Year \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_ Tag \_\_\_\_\_

Ownership Status:   \_\_\_ Own    \_\_\_ Leased    \_\_\_ Financed to Own

Leasing/ Finance Company \_\_\_\_\_ Phone \_\_\_\_\_

Date of End of Lease/ Finance Period \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Co-owners Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Notes \_\_\_\_\_

Vehicle Model \_\_\_\_\_ Year \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_ Tag \_\_\_\_\_

Ownership Status:   \_\_\_ Own    \_\_\_ Leased    \_\_\_ Financed to Own

Leasing/ Finance Company \_\_\_\_\_ Phone \_\_\_\_\_

Date of End of Lease/ Finance Period \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Co-owners Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Notes \_\_\_\_\_

Vehicle Model \_\_\_\_\_ Year \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_ Tag \_\_\_\_\_

Ownership Status:   \_\_\_ Own    \_\_\_ Leased    \_\_\_ Financed to Own

Leasing/ Finance Company \_\_\_\_\_ Phone \_\_\_\_\_

Date of End of Lease/ Finance Period \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Co-owners Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Notes \_\_\_\_\_



## *IMPORTANT DOCUMENTS LOCATIONS*

Lock Box and/or Other Important Keys \_\_\_\_\_

Birth Certificate(s) \_\_\_\_\_

Children's Birth Certificate(s) \_\_\_\_\_

Marriage Certificate(s) \_\_\_\_\_

Divorce Decree \_\_\_\_\_

Adoption Papers \_\_\_\_\_

Deeds and Titles \_\_\_\_\_

Mortgages and Notes \_\_\_\_\_

Income Tax Records>Returns \_\_\_\_\_

Veteran Discharge Papers \_\_\_\_\_

Other Important Papers (Please List) \_\_\_\_\_

## *PROFESSIONAL DIRECTORY*

Name \_\_\_\_\_ Profession \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Notes \_\_\_\_\_

Name \_\_\_\_\_ Profession \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Notes \_\_\_\_\_

# *MEDICAL DIRECTORY*

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Notes \_\_\_\_\_

Specialist's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Notes \_\_\_\_\_

Chiropractor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Notes \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Notes \_\_\_\_\_

# PET DETAILS

Name \_\_\_\_\_ Type \_\_\_\_\_

This pet has papers:  Yes  No The papers are located \_\_\_\_\_

Pet to go to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Feeding Schedule \_\_\_\_\_ Vaccination Schedule \_\_\_\_\_

Has the pet been spaded, or neutered?  Yes  No

Name \_\_\_\_\_ Type \_\_\_\_\_

This pet has papers:  Yes  No The papers are located \_\_\_\_\_

Pet to go to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Feeding Schedule \_\_\_\_\_ Vaccination Schedule \_\_\_\_\_

Has the pet been spaded, or neutered?  Yes  No

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# *MEDICAL HISTORY*

1). Parents and/or siblings had heart disease, kidney disease, diabetes, cancer, stroke, or any other hereditary disease? (If yes, indicate family member, illness, age at onset, if applicable, age at death.)

No  Yes \_\_\_\_\_

2). Have you had problems with your circulatory, cerebrovascular or cardiovascular systems or blood vessels (such as: heart attack, heart disease, palpitations, heart murmur, chest pain, high blood pressure, stroke, anemia)?

No  Yes \_\_\_\_\_

3). Have you had problems your with nose, throat, lung or respiratory system (emphysema, asthma, shortness of breath, chronic cough or sleep apnea)?

No  Yes \_\_\_\_\_

4). Have you had problems with stomach, intestine, rectum, liver or pancreas (such as: hepatitis, ulcer, colitis, Crohn's disease, or pancreatitis)?

No  Yes \_\_\_\_\_

5). Have you had problems with your nervous system (such as: epilepsy, seizures, multiple sclerosis, depression, suicide, eating disorder, dementia, Alzheimer's, anxiety, mental illness)?

No  Yes \_\_\_\_\_

6). Have you had problems with your Endocrine system, bones, muscles, joints, eyes or skin (such as: diabetes, thyroid, lupus, arthritis, or back problems)?

No  Yes \_\_\_\_\_

7). Have you had Cancer, tumor(s), polyps, melanoma or any other malignancy?

No  Yes \_\_\_\_\_

8). Have you had problems with your sugar, albumin or blood in urine, or other illness or disease of the kidneys, bladder, or urinary system, prostate, breast, sexually transmitted disease, or any other reproductive disorder?

No  Yes \_\_\_\_\_

9). Other than listed above are there any other pertinent health problems that your family should be aware of in your health history?

No  Yes \_\_\_\_\_

