Alcor Health Survey 2024

Filling out and sharing your health information with Alcor is entirely voluntary. If you do not feel comfortable or do not wish to complete a question you may skip it.

Member Information

Date		
Full Name	**A-Number**	
Phone number	**Alt. Phone Number**	
E-mail		
What is your preferred form of contact? ☐ E-mail ☐ Phone Call ☐ Text message ☐ Other_____		
Street Address		
City	**State**	**Zip**

Health Information

Height	**Weight**
Do you drink alcohol? ☐ No, never ☐ No, but used to. How long ago? _____ ☐ Yes. How much? _____	
Do you smoke? ☐ No, never ☐ No, but used to. How long ago? _____ ☐ Yes. How much? _____	
Allergies	
Medical History/Health Problems	

Surgical History		
Open Heart Surgery	Yes	No
Cardiopulmonary Bypass	Yes	No
Aortic valve replacement (TAVR)	Yes	No
Cervical Spine (Neck)	Yes	No
Other:		
Other:		
Other:		

Disease History		
Hepatitis	Yes	No
HIV	Yes	No
Tuberculosis	Yes	No
COVID-19	Yes	No

Medications currently or recently taken			
Supplements currently or recently taken			
Artificial appliances, implants, or prosthetics			
Family Medical History			

Do you have any life-threatening/terminal health problems Alcor should know about?
Additional Comments:

Physician Information

Primary Care Physician Name	
Phone Number	**Last Visit**
Additional Physician	
Specialty	**Phone Number**
Additional Physician	
Specialty	**Phone Number**

Hospital Information

Preferred Hospital	**Phone Number**	
Address		
City	**State**	**Zip**
Is your healthcare provider aware of your cryopreservation arrangements? ☐ Yes ☐ No		
Will they work with Alcor? ☐ Yes ☐ No ☐ I don't know		

Family

Is your family aware of your cryopreservation arrangements? ☐ Yes ☐ No	
Do you have a Medical Power of Attorney? If so, who?	
Name	
Relation	**Phone Number**
E-mail	
Are they supportive of your cryopreservation arrangements? ☐ Yes ☐ No	
What is their preferred form of contact? ☐ E-mail ☐ Phone Call ☐ Text message ☐ Other _____	

Additional Information

Is there any reason that you feel you might need Alcor's services in the next 5 years other than what your age might suggest?
Is there any additional information that you think Alcor should be aware of?
Do you have any questions for us?

Thank you for completing this health survey.

Alcor's response capability is only as good as the information that we have. If there are any changes, we ask that you update us as soon as possible.

Alcor Office: 480-905-1906