



HEALTH HISTORY

KEEPING AN UP-TO-DATE RECORD OF YOUR PATIENT'S MEDICAL HISTORY CAN BE BENEFICIAL WHEN SEEING NEW PHYSICIANS, BEGINNING NEW TREATMENT PLANS, OR FILING FOR DISABILITY. USE THIS FORM TO DOCUMENT YOUR PATIENT'S PERSONAL MEDICAL HISTORY AND BE SURE TO BRING THIS RECORD TO ALL NECESSARY APPOINTMENTS.

Name: _____ Date of Birth: _____

Primary Healthcare Provider(s): _____

Location: _____

Current Medications (Name & Dosage): _____

Hospital Visits (Include Date & Condition): _____

Surgeries (Include Date & Condition): _____

Injuries/Illness/Other Conditions: _____

Known Allergies: _____

Date of Last Flu Shot: _____

Other Immunizations: _____

Genetic Predispositions: _____

☐

Father

☐

Mother

☐

Brother

☐

Sister

☐

Child

☐

Grandparent