

## PATIENT HISTORY

---

Keeping an up-to-date record of your medical history can be beneficial when seeing new doctors, beginning new treatment plans, or filing for disability. Use this form to document your personal medical history. Be sure to bring this record to all necessary appointments.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Healthcare Provider(s):  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications (name and dosage):  
\_\_\_\_\_  
\_\_\_\_\_

Hospital Stays (list date and conditions):  
\_\_\_\_\_  
\_\_\_\_\_

Surgeries (list date):  
\_\_\_\_\_  
\_\_\_\_\_

Injuries/Illness/Other Conditions:  
\_\_\_\_\_  
\_\_\_\_\_

Known Allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Date of last flu shot: \_\_\_\_\_

Other Immunizations: \_\_\_\_\_

Genetic Predispositions: \_\_\_\_\_

Father       Mother       Brother       Sister       Child       Grandparent