

# Request for Personal Health History Aggregation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the aggregation of my personal health history as maintained by your organization. For my ongoing health management and to facilitate my care, it is crucial to have a comprehensive view of my medical records.

My personal details are as follows:

- Date of Birth: [Insert Date of Birth]
- Patient ID: [Insert Patient ID, if applicable]

I would appreciate it if you could provide the following information:

- Complete medical history
- Immunization records
- Allergies and sensitivities
- Current medications
- Any relevant laboratory results

Please let me know if there are any forms I need to complete or fees associated with this request. I am looking forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]