

Comprehensive Health Background

Date: _____

To: Dr. [Physician's Name]

[Physician's Address]

[City, State, Zip Code]

Dear Dr. [Physician's Last Name],

I am writing to provide you with a comprehensive background of my health history in order to assist you in evaluating my medical condition and formulating an effective treatment plan.

Personal Information

- Name: [Your Name]
- Date of Birth: [Your Date of Birth]
- Address: [Your Address]
- Contact Number: [Your Phone Number]

Medical History

[Brief description of past medical conditions, surgeries, and treatments]

Family Medical History

[Information regarding any hereditary conditions in the family]

Current Medications

[List of medications you are currently taking]

Allergies

[List of any known allergies]

Lifestyle Information

- Exercise Routine: [Description]
- Diet: [Description]

- Alcohol Consumption: [Description]
- Tobacco Use: [Description]

Please feel free to reach out to me if you require any additional information. I look forward to your guidance and support in managing my health.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]