

Family Medical Background

Date: [Insert Date]

To: [Physician's Name]

Practice Name: [Physician's Practice Name]

Address: [Physician's Practice Address]

Dear [Physician's Name],

I am writing to provide you with my family's medical background as part of my new patient information. This will help you to better understand my health history and any potential risks.

Family Medical History:

- **Father:** [Name], Age: [Age], Medical Conditions: [Conditions]
- **Mother:** [Name], Age: [Age], Medical Conditions: [Conditions]
- **Siblings:** [Names and Ages], Medical Conditions: [Conditions]
- **Grandparents:** [Names and Ages], Medical Conditions: [Conditions]

Additional Notes:

[Any additional information or specifics that may be relevant]

Thank you for taking the time to review my family's medical background. I look forward to working with you on my health journey.

Sincerely,

[Your Name]

[Your Contact Information]