

Personal Medical History

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, ZIP Code]

Dear [Healthcare Provider's Name],

I am writing to provide you with my personal medical history as I begin my care at your practice. Below are the details regarding my health background:

Personal Information

Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Contact Number: [Your Phone Number]

Email: [Your Email Address]

Medical History

Current Medications: [List of medications]

Allergies: [List any allergies]

Past Medical Conditions: [List any significant past conditions]

Surgeries: [List any previous surgeries]

Family Medical History

Relevant Family Conditions: [List any relevant conditions]

Lifestyle Information

Smoking Status: [Smoker/Non-smoker]

Alcohol Consumption: [Frequency and amount]

Exercise Routine: [Your exercise habits]

If you require any further information or documentation, please do not hesitate to contact me.

Thank you for your attention to my medical history.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]