

Health History Documentation Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request the health history documentation for [Patient's Name], who has been under your care. This information is necessary for [specific reason, e.g., referrals, further treatment, etc.].

Please include any pertinent medical records, treatment history, and diagnoses related to [Patient's Name]. If possible, I would appreciate receiving the documents by [insert deadline].

Thank you for your attention to this matter. If you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Address]

[City, State, Zip Code]