

Follow-up Health History Information Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to follow up on our previous correspondence regarding your health history. As we continue to provide you with the best possible care, it is essential for us to have complete and accurate information about your medical history.

If you could take a moment to fill out the attached form and return it to us by [Insert Deadline], it would greatly assist us in your ongoing treatment. Please feel free to reach out if you have any questions or need assistance with the form.

Thank you for your attention to this matter. Your health and well-being are our top priority.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]