

Health History Update Request

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient's Name],

We hope this message finds you well. As part of our commitment to providing you with the best possible healthcare, we are conducting a health history update for all our patients.

Please take a few moments to review and update your health information by filling out the attached form. Your accurate and updated health history is essential for us to provide you with appropriate care and treatments.

If you have any questions or need assistance, please do not hesitate to contact our office at [Insert Phone Number] or [Insert Email Address]. We appreciate your cooperation in this matter.

Thank you for being a valued patient.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]