

# Medical History Update Inquiry

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Phone Number: [Insert Patient Phone Number]

Dear [Patient's Name],

We hope this message finds you well. As part of our commitment to providing the best medical care, we would like to request an update on your medical history.

Please provide us with details regarding:

- Any new medical diagnoses
- Recent hospitalizations or surgeries
- Changes in medications
- Any allergies you may have developed
- Other relevant health updates

You can reply to this inquiry by contacting our office at [Insert Phone Number] or through our secure patient portal at [Insert Portal Address].

Thank you for your attention to this important matter. We appreciate your cooperation in keeping your medical records up to date.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]