

# Request for Comprehensive Health History Update

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Position]

[Facility/Organization Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request an update to my comprehensive health history. As healthcare practices evolve, it is essential that my records are current and reflect any recent changes in my health.

Below are the updates I would like to request be added to my health history:

- [Detail any new diagnoses or changes in existing conditions]
- [List medications that have been added or discontinued]
- [Include any recent surgeries or medical procedures]
- [Add any relevant family health history changes]

Please let me know if you require any further information to process this request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]