

MEDICAL HISTORY – YOUR NAME, this document is updated as of September 2023

Allergies:

Medications (Name of drug, dosage, times of day taken):

Immunizations (Name of vaccine and date received):

Past Medical History (Illnesses, dates of onset):

- A
- B
- C

Past Surgical History (Surgery, hospital, date, results):

- A
- B
- C

Gynecologic History (Include Number of times pregnant, Number of babies born (Vaginal or C-Section), Medications taken to get pregnant or to keep the pregnancy healthy, last menstrual period date, date of onset of menses, did you take hormones or oral contraceptives):

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Family History (Include family members and medical diagnoses, and ages of onset or death):

- Parent
- Parent
- Child
- Child
- Sibling
- Sibling
- Sibling of parent
- Sibling of parent

Lab Testing (bring latest lab copies with you to visits).