

Your Personal Health History

Use this form to keep track of your health history. Print out a copy and take it with you to your doctor appointments to help keep your doctor up-to-date.

1. I was in the hospital for (list conditions): Dates

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. I have had these surgeries: Dates

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. I have had these injuries/conditions/illnesses: Year or date

_____	_____
_____	_____
_____	_____
_____	_____

4. I have these allergies
(list type of allergy--food, medicine, etc.--and reaction):

Your Personal Health History

Page 3

7. My family members (parents, brothers, sisters, grandparents) have/had these major conditions:

8. I see these other health care providers:

Name	Why I see them
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