Medical History

Prepared for: Your Doctor's Name Month, Day, Year

1
2
2
4
6
7
8
9
10
10

SUMMARY

What you are trying to get them to understand or look into. Refer to the sections you want them to pay most attention to below and correlations you've made from looking at your data. This document is not like a symptom log. This is to correlate your data and history to get a big picture view of various events and tests that they might not have seen all in one place. You should definitely have both.

CURRENT TREATMENTS

- Anything you do for yourself
- Supplements
- Treatments from professionals
- Things you avoid
- Stuff you think is making you better even if it's not considered a treatment

MEDICATIONS

Prescribed medications

DIAGNOSES/SYMPTOMS

Diagnosis/Symptom	Doctor	Date and details
Actual diagnoses	Who diagnosed you or list of doc- tors	High level details you want the doctor to be aware of including the dates. Anything you disagree with.

Diagnosis/Symptom	Doctor	Date and details
Group of symptoms that you have that don't have diagnoses yet.	Doctors you've seen for this issue. N/A if you've not seen any.	High level details and mention if you have a link to pho- tos and videos in your Symptom Details section. This is not a symptom log. Delete any rows you do not need. Group similar things together and break them out in the details section below.
		Example: Mouth sores, cysts and blisters. Cysts and blisters over trunk and legs. Reactive rashes that look like hives etc.

SYMPTOM DETAILS

Dermatological

• Details and links to photos or videos.

Vascular

- •

Neurological

- •

Gastrointestinal

- •

Muscular

•

Skeletal

- •

Endocrinological

•

Urinary

- •

Respiratory

- •

Immunological

- •

Gynaecological

- •

Rheumatological

- •

FLARE LAB RESULTS

Date	Test Type	Details	High	Low
D/M/ Y	Blood/ Stool/ Urine/ Scan/ Biopsy/ Culture	Which doctor ordered it and why. If it's not a test with a high or low value, put the result details here. Any circumstances you want the doctor to be aware of that could have affected the test results. If a test came back with normal results, do not include it. This is just to look at all your troubles.	High test result name and value	Low test result name and value

ALLERGIES AND SENSITIVITIES

Allergy	Reaction
Substance	What happens. Only include LgE allergies in this section.

Sensitivity	Reaction
Substance	What happens. You can group things together like 'high volatile organic com- pound products and off gassing furniture' if they give you the same reaction. No need to list individual items if they have a category.

Allergy	Reaction

MAJOR ILLNESSES

Illness	Tests	Treatment	Year
Anytime you were sick for a long time. Cancer, flu, mono, anything chronic or episodic etc.		What was done for you, if anything.	Year
		0	

SURGERIES

Procedure	Physician	Year	Result
The surgery done	The doctor who did it. Write 'don't recall' if you don't remember or were not told.	Year	Anything that happened good or bad as a result. Any comments you want the doctor to know about how you were treated.

FAMILY HISTORY

Family Member	Diagnoses
Sperm that made you	I don't know how you were made or if you were adopted so change the sperm to what- ever parent or donor name you want.
Egg that made you	I don't know how you were made or if you were adopted so change the egg to whatever parent or donor name you want.
Sperm's parents	
Egg's parents	
Sibling	
Sibling	
Sibling	
Sibling	
Sperm's siblings	
Egg's siblings	
Sperm side cousins	
Egg side cousins	

PHYSICIANS CONSULTED

Field	Physician	Treated/ Reviewed	Year
Type of doctor	Doctor Name	What they saw you for or tested you for. If it's a doctor currently following you, change the cell background colour to blue.	Year

Field	Physician	Treated/ Reviewed	Year