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**NAME:**

# Medical History

Prepared for: Your Doctor's Name

Month, Day, Year

|                                    |           |
|------------------------------------|-----------|
| <b>MEDICAL HISTORY</b>             | <b>1</b>  |
| <b>Summary</b>                     | <b>2</b>  |
| <b>Diagnoses/Symptoms</b>          | <b>2</b>  |
| <b>Symptom Details</b>             | <b>4</b>  |
| <b>Flare Lab results</b>           | <b>6</b>  |
| <b>Allergies and sensitivities</b> | <b>7</b>  |
| <b>Major Illnesses</b>             | <b>8</b>  |
| <b>Surgeries</b>                   | <b>9</b>  |
| <b>Family History</b>              | <b>10</b> |
| <b>Physicians Consulted</b>        | <b>10</b> |

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**NAME:**

## 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 doctors | High level details you want the doctor to be aware of including the dates. Anything you disagree with. |

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| 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 photos 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.   |
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## SYMPTOM DETAILS

### **Dermatological**

- Details and links to photos or videos.

### **Vascular**

- 

### **Neurological**

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### **Gastrointestinal**

- 

### **Muscular**

- 

### **Skeletal**

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-

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**NAME:**

**Endocrinological**

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**Urinary**

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**Respiratory**

- 

**Immunological**

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**Gynaecological**

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**Rheumatological**

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-











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**NAME:**

## 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 whatever 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 |
|                |             |   |      |

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