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**NAME:**

# Medical History

Prepared for:

Date:

<b>MEDICAL HISTORY</b>	<b>1</b>
<b>Summary</b>	<b>2</b>
<b>Diagnoses/Symptoms</b>	<b>3</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>8</b>
<b>Family History</b>	<b>9</b>
<b>Physicians Consulted</b>	<b>10</b>

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YOUR NAME

SUMMARY

CURRENT TREATMENTS

MEDICATIONS

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## SYMPTOM DETAILS

**Dermatological**

**Vascular**

**Neurological**

**Gastrointestinal**

**Muscular**

**Skeletal**

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**NAME:**

**Endocrinological**

**Urinary**

**Respiratory**

**Immunological**

**Gynaecological**

**Rheumatological**

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**NAME:**

## MAJOR ILLNESSES

Illness	Tests	Treatment	Year

## SURGERIES

Procedure	Physician	Year	Result

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