

Medical History Form

Fill this in once, keep it on top of your records, and update it whenever something changes. Bring it to every new clinician, urgent care visit and hospital admission. Last updated by me on: _____

About me

Name:	Date of birth:
Emergency contact (name, relationship, phone):	
Insurance and member ID:	Preferred pharmacy and phone:

My clinicians

Name	Specialty	Phone	Portal / notes

Conditions I have been told I have

Condition	Year first noted	Who manages it

Medicines, vitamins and supplements

Name	Dose	How often	What it is for	Started

Allergies and reactions

To what (medicine, food, other)	What happened

Surgeries, procedures and hospital stays

What	When	Where

Immunizations

Vaccine	Date(s)

Family health history

Conditions your parents, brothers, sisters and grandparents have had, and the age when each started, if you know it.

Relative	Condition	Age it started

In an emergency, call 911. If you are thinking about suicide or are in crisis, call or text 988. From pockethealth.pro/templates/medical-history. Free to copy and share. General information, not medical advice.