Patient's Medical History

We've found that it's vitally important to keep an updated copy of the patient's medical history on hand. This is the best way to ensure that doctors get the complete, accurate information they need to provide optimal care. It will also give you the peace of mind that comes from knowing you haven't forgotten any significant details, especially considering the stress you're under.

The following is an example of a basic medical history. Don't, however, regard these categories as definitive. Be sure to include any information you think might help a doctor better understand your patient's medical history.

Personal Data

Name:		
Phone numbers:		
Address:		
Social Security number:	Date of birth:	
Primary care doctor:		
Phone(s):		
Emergency contact:		
Phone(s):		
Alternate contact:		
Phone(s):		
Insurance Information		
Agent:		
Phone(s):		
Policy numbers:		
Doctors Seen Since Diagn		
Name:	Phone:	
Specialty:		
Address:		

The Advocate's Notebook

Name:	Phone:	
Specialty:		
	Phone:	
Specialty:		
	Phone:	
	Phone:	
Specialty:		
	Phone:	
	Phone:	
Address:		

Significant Medical History

Including pregnancies, short- and long-term illnesses, heart conditions, high or low blood pressure, diabetes, high cholesterol, cancer, chronic illness, HIV/AIDS, or other conditions; include dates.

Condition/event:		
Dates:		
Condition/event:		
Dates:		
Condition/event:		
Dates:		
Condition/event:		
Dates:		

Condition/event:
Dates:
Condition/event:
Dates:

Personal Habits

How much you smoke, drink, exercise:

Current Medications

Pharmacy:	Phone number:
	Taken for:
Dose:	When taken:
When began:	
Side effects experienced:	
Prescribing doctor:	
Medication:	Taken for:
	When taken:
When began:	
Side effects experienced:	
Prescribing doctor:	

The Advocate's Notebook

Medication:	Taken for:
Dose:	
When began:	
Side effects experienced:	
Prescribing doctor:	
Medication:	
Dose:	When taken:
When began:	
Side effects experienced:	
Prescribing doctor:	
Medication:	
Dose:	
When began:	
Side effects experienced:	
Prescribing doctor:	
Medication:	
Dose:	When taken:
When began:	
Side effects experienced:	
Prescribing doctor:	

Over-the-Counter Products

Including vitamins, supplements, herbs:

Allergies

To medicines, foods, natural and man-made substances, insects, anything else that causes an unusual reaction, and how your body responds.

Allergen:	Reaction:
Allergen:	Reaction:
Hospitalizations	
	tays, out-patient procedures, ER visits.
Condition:	
Procedures:	
	Dates:
Condition:	
Procedures:	
Hospital/doctor:	
	Dates:
Notes:	

The Advocate's Notebook

Condition:		
Procedures:		
Hospital/doctor:		
Notes:	Dates:	
Condition:		
Procedures:		
Hospital/doctor:	Dates:	
Notes:		
Condition:		
Procedures:		
Hospital/doctor:		
Notes:	Dates:	

Condition:		
Procedures:		
Hospital/doctor:		
	Dates:	
Notes:		
Condition:		
Procedures:		
Hospital/doctor:		
	Dates:	
Notes:		
Condition:		
Procedures:		
 Hospital/doctor:		
	Dates:	
Notes:		
Notes:		

Surgeries

Major and minor, including dates, problems with anesthesia, or any other complications.

Hospital/doctor:	Procedure:		
Date:			
Procedure: Date: Procedure: Date: Procedure: Date: Hospital/doctor: Date: Procedure: Date: Procedure: Date: Procedure: Date: Procedure: Date: Procedure: Date:			
Hospital/doctor:	Notes:		
Hospital/doctor:			
Hospital/doctor:	Procedure:		
Notes:			
Procedure: Date: Procedure: Date: Notes: Date: Procedure: Date: Procedure: Date: Procedure: Date: Notes: Date:		Date:	
Hospital/doctor:	Notes:		
Hospital/doctor:			
Date:	Procedure:		
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Hospital/doctor:	Notes:		
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Hospital/doctor:	Procedure:		
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Hospital/doctor:	Procedure:		
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Procedure:		
Hospital/doctor:		
	Date:	
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Procedure:		
	Date:	
Notes:		
Procedure:		
Hospital/doctor:		
	Date:	
Notes:		
Procedure:		
Hospital/doctor:		
	Date:	
Notes:		
Procedure:		
	Date:	

Recent Blood Tests

Get a copy of recent blood work, such as glucose, fasting cholesterol, white blood cell count, cancer values, kidney function, etc.

Glucose:	Date:	Value:	
	Date:	Value:	
Fasting cholesterol:	Date:	Value:	
	Date:	Value:	
White blood cells:	Date:	Value:	
		Value:	
:	Date:	Value:	
		Value:	
:	Date:	Value:	
		Value:	
:	Date:	Value:	
		Value:	
:	Date:	Value:	
		Value:	
:	Date:	Value:	
	Date:	Value:	

Special Tests and Procedures

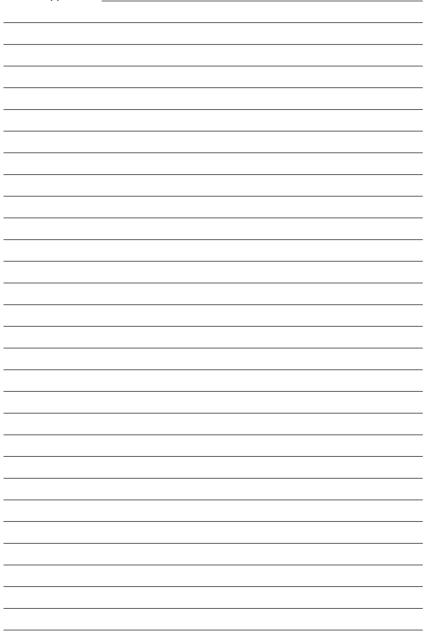
X-rays, EKG, stress test, echocardiogram, colonoscopy, etc.

Procedure:		
Hospital/doctor:		
	Date:	
Procedure:		
Hospital/doctor:		
	Date:	
Procedure:		
Hospital/doctor:		
	Date:	

Procedure:		
Hospital/doctor:		
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Hospital/doctor:	Date:	
Procedure:		
Hospital/doctor:		
	Date:	
Procedure:		
	Date:	
Hospital/doctor:		
	Date:	
Procedure:		
Hospital/doctor:		
	Date:	
Procedure:		
Hospital/doctor:		
	Date:	

Family History

Significant diseases of grandparents, parents, siblings, children, including cause of death if applicable:



Injuries, Accidents, Disabilities	
And how they were treated:	
Condition/incident:	
Hospital/doctor:	
	Date:
Notes:	
Condition/incident:	
Hospital/doctor:	
	Date:
Notes:	
Condition/incident:	
Hospital/doctor:	
	Date:
Notes:	
Condition/incident:	
Hospital/doctor:	
	Date:
Notes:	
Condition/incident:	
Hospital/doctor:	
	Date:
Notes:	
Condition/incident:	
Hospital/doctor:	
Notes:	

Current Conditions

Including symptoms:	
Condition:	Since:
Symptoms:	
Treatments (medications and procedures):	
Condition:	Since:
Symptoms:	
Treatments (medications and procedures):	
Condition:	Since:
Symptoms:	
Treatments (medications and procedures):	
Condition:	Since:
Symptoms:	
Treatments (medications and procedures):	
Condition:	Since:
Symptoms:	
Treatments (medications and procedures):	

Condition:	Since:
	lures):
	Since:
Symptoms:	
Treatments (medications and proced	lures):
Any Other Information V	ou Think Is Pertinent
Any Other Information Yo Such as psychological problems, slee	ou Think Is Pertinent ep disturbances, phobias, etc.:
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Record of Appointments, Treatments, Medications

You need to keep track of the dates and times of appointments with doctors, and what they said. Write down every medication taken and the reaction to it. I even wrote down Brian's blood pressure after each procedure.

Doctor:	
	Time:
Reason for visit:	
Questions to ask:	
Answers:	
News /changes:	
Recommendations:	
Changes in routine:	
Treatments/tests:	
Results:	
To do before next appointment:	
Notoc	
110155.	

	Time:	
Answers:		
Recommendations:		
Changes in routine:		
Treatments/tests:		
Results:		
To do hoforo novi annointmo	nt:	
to do before next appointment	nt:	
Notes:		

Doctor:	
Date:	Time:
Reason for visit:	
Questions to ask:	
Answers:	
News/changes:	
Recommendations:	
Changes in routine:	
Treatments/tests:	
Results:	
To do before next appointment:	
Notes:	

	Time:	
Answers:		
Recommendations:		
Changes in routine:		
Treatments/tests:		
Results:		
To do hoforo novi annointmo	nt:	
to do before next appointment	nt:	
Notes:		

Doctor:	
	Time:
Reason for visit:	
Questions to ask:	
Answers:	
News /changes:	
Recommendations:	
Changes in routine:	
Treatments/tests:	
Results:	
To do before next appointment:	
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Date:Time: Reason for visit: Questions to ask: Answers: Answers: News/changes: Recommendations: Changes in routine: Treatments/tests: Results: To do before next appointment: Notes:		
Questions to ask: Questions to ask:		
Answers:	Reason for visit:	
News/changes: Recommendations: Changes in routine: Treatments/tests: Results: To do before next appointment:	Questions to ask:	
News/changes: Recommendations: Changes in routine: Treatments/tests: Results: To do before next appointment:		
News/changes: Recommendations: Changes in routine: Treatments/tests: Results: To do before next appointment:		
News/changes: Recommendations: Changes in routine: Treatments/tests: Results: To do before next appointment:		
News/changes: Recommendations: Changes in routine: Treatments/tests: Results: To do before next appointment:		
News/changes: Recommendations: Recommendations: Changes in routine: Changes in routine: Treatments/tests: Results: To do before next appointment:	Answers:	
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News/changes: Recommendations: Recommendations: Changes in routine: Changes in routine: Treatments/tests: Results: To do before next appointment:		
News/changes: Recommendations: Recommendations: Changes in routine: Changes in routine: Treatments/tests: Results: To do before next appointment:		
Recommendations:		
Changes in routine:	News/changes:	
Changes in routine:		
Treatments/tests:	Recommendations:	
Treatments/tests:		
Treatments/tests:		
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Results: To do before next appointment:		
Results: To do before next appointment:		
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To do before next appointment:		
To do before next appointment:	Results:	
	To do before next appointme	ent:
Notes:		
	Notes:	

Doctor:	
	_Time:
Reason for visit:	
Questions to ask:	
Answers:	
News/changes:	
Recommendations:	
Changes in routine:	
Treatments/tests:	
Results:	
To do before next appointment:	
Notes:	

	Time:	
Answers:		
Recommendations:		
Changes in routine:		
Treatments/tests:		
Results:		
To do hoforo novi annointmo	nti	
to do before next appointment	nt:	
Notes:		

Doctor:	
Date:	Time:
Reason for visit:	
Questions to ask:	
Answers:	
News/changes:	
Recommendations:	
Changes in routine:	
Treatments/tests:	
Results:	
To do before next appointment:	
Notes:	

	Time:	
Reason for visit:		
Questions to ask:		
Answers:		
News/changes:		
Recommendations:		
Changes in routine:		
Treatments/tests:		
Results:		
To do before next appointme	nt:	
Notes:		

Doctor:	
Date:	Time:
Reason for visit:	
Questions to ask:	
Answers:	
News/changes:	
Recommendations:	
Changes in routine:	
Treatments/tests:	
Results:	
To do boforo port appointment:	
Notes:	

	Time:	
Answers:		
Recommendations:		
Changes in routine:		
Treatments/tests:		
Results:		
To do hoforo novi annointmo	nti	
to do before next appointment	nt:	
Notes:		

Doctor:	
	Time:
Reason for visit:	
Questions to ask:	
Answers:	
News/changes:	
Recommendations:	
Changes in routine:	
Treatments/tests:	
Results:	
To do before next appointment:	
Notes:	

	Time:	
Answers:		
Recommendations:		
Changes in routine:		
Treatments/tests:		
Results:		
To do hoforo novi annointmo	nti	
to do before next appointment	nt:	
Notes:		

Doctor:	
	Time:
Reason for visit:	
Questions to ask:	
Answers:	
News/changes:	
Recommendations:	
Changes in routine:	
Treatments/tests:	
Results:	
To do boforo port appointment:	
Notes:	

	Time:	
Answers:		
Recommendations:		
Changes in routine:		
Treatments/tests:		
Results:		
To do hoforo novi annointmo	nti	
to do before next appointment	nt:	
Notes:		