My health history

For a new doctor, a specialist, or a hospital stay. Fill it in once, update it after each visit.

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NAME	DATE OF BIRTH	DATE FILLED IN

Health conditions

CONDITION	YEAR IT STARTED	TREATED BY

Surgeries and hospital stays

WHAT FOR	YEAR	HOSPITAL OR SURGEON

Allergies

ALLERGIC TO (MEDICINE, FOOD, OTHER)	WHAT HAPPENS

Bring this and your medicine list to every new doctor.

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My health history

Page 2: medicines, vaccines, family history and doctors.

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Medicines, vitamins and supplements

NAME	DOSE	HOW OFTEN	WHAT IT'S FOR

Recent vaccines

VACCINE	DATE

Family history

RELATIVE	CONDITION	AGE IT STARTED

MAIN DOCTOR AND PHONE

PHARMACY AND PHONE

Include medicines you buy without a prescription, vitamins and herbal supplements.

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