

Patient Medical History and Record Form

This **patient medical history and record form sample** is designed to collect comprehensive health information, ensuring accurate documentation of a patient's past and current medical conditions. It facilitates efficient communication between healthcare providers and improves the quality of care. Using a standardized form helps streamline patient intake and record-keeping processes.

Personal Information

Full Name:

Date of Birth:

Gender:

Select

Phone Number:

Address:

Emergency Contact

Contact Name:

Relationship to Patient:

Phone Number:

Medical History

Allergies (medications, food, etc.):

Current Medications (name, dosage):

Chronic Conditions (diabetes, asthma, hypertension, etc.):

Surgical History (surgeries, dates, remarks):

Family Medical History (hereditary illnesses):

Lifestyle & Social History

Do you smoke?

Select

Do you drink alcohol?

Select

How often do you exercise?

Describe your diet:

Immunizations

Vaccine	Date	Provider
<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>

Physician's Review

Notes:

Physician Signature:

Date:

Submit