



# Medical History Worksheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Accurate medication information is important for effective communication with your doctor. Record medication name, dosage, frequency and side effects on a worksheet. Sharing this information will help the doctor make informed decisions for your care.

## Personal Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Medicines

Name	Dosage	Frequency	Start Date	Side Effects



# Medical History Worksheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical History

Provide a brief medical history, including any medical conditions, allergies or surgeries.

## Medical Provider

List the name and contact information of your current and past healthcare providers.

## Questions to ask your doctor

Write any important questions to ask your doctor.

I, (\_\_\_\_\_), hereby authorize \_\_\_\_\_ to use and disclose my PHI as necessary for the purpose of \_\_\_\_\_. This disclosure is valid until \_\_\_\_\_.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_