

**Medical History Summary for Patient Name (Date of Birth), City, State**

Primary Care: Dr. Name, Phone #

Pharmacy: Name, Phone #

**Diagnoses**

- Enter in order of most recent diagnosis first—include month and year of diagnosis
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<b>Medications and Supplements</b> <ul style="list-style-type: none"><li>• Rx Name and amount (what diagnosis does this address), # of pills, frequency: for example, 2 pills every morning.</li><li>•</li></ul>	<b>Allergies/Adverse Reactions</b> <ul style="list-style-type: none"><li>• Rx and symptoms</li><li>• Food and symptoms</li></ul>
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**Family History**

- Note diagnoses of immediate family members. Be sure to include if deceased and their age.
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**Procedures/Medical History**

- Note tests, results and date performed in order of most recent listed first.
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**Surgeries**

- Note type of surgery, date formed in order of most recent listed first.
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**Other Providers**

Specialty	Physician/Practice	Phone #