

Medical History Sheet



Full Name: _____

Date of Birth: _____

Primary Care Physician Name / Number: _____

Caregiver Name / Number: _____

This sheet is a resource to use when keeping track of medical history. Remember to tell any doctor who sees you the details that you think are relevant to your medical care.

Current Medications

Name	Dose	Frequency	Start Date	Physician	Reason for Taking

Surgical History

Date	Surgery	Hospital	Doctor	Comments

Medical History Sheet



History of Illness

Illness or Condition	Date Symptoms Began	Physician	Treatment Plan

Allergies

Allergy	Reaction	Allergy	Reaction
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Please list any health information you feel treating physicians should know about you in the space below:

Allwell is contracted with Medicare for an HMO plan. Enrollment in Allwell depends on contract renewal. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30 you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.