# Blank Patient Medical History Report Template

## Patient Information

| | |
|---|---|
| Full Name: | |
| Date of Birth: | |
| Gender: | |
| Phone Number: | |
| Address: | |
| Emergency Contact: | |

## Medical History

| | |
|---|---|
| Primary Care Physician: | |
| Date of Last Visit: | |
| Allergies: | |
| Current Medications: | |
| Past Surgeries / Hospitalizations: | |
| Chronic Conditions: | |

## Family Medical History

| | |
|---|---|
| Diabetes: | |
| Heart Disease: | |
| Cancer: | |
| Other Hereditary Conditions: | |

## Social History

| | |
|---|---|
| Smoking: | |
| Alcohol Use: | |

| | |
|---|---|
| Drug Use: | |
| Exercise: | |
| Diet: | |

## Review of Systems

| System | Details / Comments |
|---|---|
| General | |
| HEENT | |
| Cardiovascular | |
| Respiratory | |
| Gastrointestinal | |
| Genitourinary | |
| Musculoskeletal | |
| Neurological | |
| Dermatological | |
| Psychiatric | |

Patient Signature

Date