

Health History

Name _____

Not infrequently, a new patient will have a detailed health-care history. To assist us in using your appointment time effectively, please use this page as your care-outline being as detailed as you can. The 'grid', below, when filled in will be of significant help in understanding how we can be of best service to you. We appreciate your help!

(Please continue grid on another sheet of paper and /or use back of sheet to continue information from boxes, as necessary.)

Date	Practitioner Name	"Diagnosis"/Problem (Plus Labs, Exams, etc.)	Treatment (Procedure/Surgery)	Symptoms (at time)	Results/Comments

