

Medical History

This is a sample medical history template that you can use to prepare for appointments with existing or new healthcare providers. Your medical history, goals, and questions will change over time. Keeping an up-to-date medical history and providing copies to your healthcare team can help you make the most of your office visits. List any ideas, questions or concerns you want to discuss at your next appointment, or support you need for navigating the healthcare system.

DISEASE AND JOURNEY OVERVIEW

In this section, include information such as your primary diagnosis and important details about it, when and how it happened, any misdiagnoses, and key medical events since your diagnosis. You can also include your current health goals and anything else that might be helpful for your healthcare team to know about your disease and experiences.

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

SYMPTOMS:

Symptom	Description	Frequency

OTHER CONDITIONS (INCLUDE DATE OF DIAGNOSIS, IF KNOWN):

1. _____ 3. _____
2. _____ 4. _____

ALLERGIES OR FOOD SENSITIVITIES OR PREFERENCES:

CURRENT AND PAST MEDICATIONS:

Medication/Supplement	Dose	Frequency	Current or Past?

MEDICATIONS YOU CANNOT BE TREATED WITH:

FAMILY HISTORY:

Family Member	Disease/Condition	Medication/Treatment

HEALTHCARE PROVIDER CONTACT INFORMATION:

Primary LC-FAOD Healthcare Provider(s) (the person responsible for your day-to-day LC-FAOD management)

Name	Institution	Phone	Email	Frequency of Visits

Additional Healthcare Providers

Name	Institution	Phone	Email	Frequency of Visits

ADDITIONAL NOTES OR IMPORTANT TOPICS:
