MEDICAL HISTORY TEMPLATE

1 Patient Information

1 PATIENT DETAILS

Name: _____ Date of Documentation: _____

DOB / Age: _____ Provider: _____

MRN: _____

CC Chief Concern (Optional)

1 REASON FOR OBTAINING HISTORY

Reason for obtaining or updating medical history (e.g., new patient intake, pre-operative evaluation)...

H Past Medical & Surgical History

2a PAST MEDICAL HISTORY

Chronic illnesses, prior acute conditions, hospitalizations, ongoing issues requiring monitoring...

2b PAST SURGICAL HISTORY

Type of surgery, approximate date, any complications...

M Medications & Allergies

3a CURRENT MEDICATIONS (RX / OTC / SUPPLEMENTS)

3b ALLERGIES (DRUG / FOOD / ENVIRONMENTAL + REACTION TYPE)

F Family & Social History

4a FAMILY HISTORY

Hereditary and familial conditions — first-degree relatives, age of onset, cause of death if known...

4b SOCIAL HISTORY

Tobacco / alcohol / substance / occupation / living situation / sexual history if relevant...

I Immunization & Preventive Screening History

5a IMMUNIZATION HISTORY

Routine vaccines, age-appropriate vaccines, gaps or refusals...

5b PREVENTIVE SCREENINGS

Mammogram, colonoscopy, Pap smear, cardiovascular risk screening...

ROS Review of Systems

6 SYSTEM REVIEW

- ☐ Constitutional
- ☐ Cardiovascular
- ☐ Respiratory
- ☐ Gastrointestinal
- ☐ Genitourinary
- ☐ Musculoskeletal
- ☐ Neurological
- ☐ Psychiatric
- ☐ Other (specify):

A Assessment

7a KEY CONSIDERATIONS

Significant chronic conditions, risk factors, gaps in care...

P Plan

7b NEXT STEPS

Preventive care / screenings / medication review / referrals...

F2 Follow-Up

8 REASSESSMENT

When history should be reviewed / updated: _____

TIME DOCUMENTATION & BILLING

Total Time:		E/M Level:	
Counseling Time:		Basis:	
Primary Dx Code:		Secondary Dx Code(s):	

PROVIDER NAME	CREDENTIALS	DATE & TIME