

MEDICAL HISTORY UPDATE

Patient Name: _____

Birthdate: ____/____/____

Patient Number: _____

Please write down any changes in your medical history. That includes procedures, diagnosis trauma, illnesses, or any new medication you may be taking.

I have reviewed the attached MEDICAL HISTORY. My (or the patient's) health and medication has changed as follows (if no change, write "No change.")

Signature of Patient

____/____/____

Date

Update reviewed by Dr. _____

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