Petal & Paper

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Medical history record

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PERSONAL HEALTH RECORD

medical history

Personal details

Full name: _____

Date of birth: ___ Blood type: ___

GP surgery: ___ GP name: ___

NHS number: _____

Emergency contact: ___ Phone: ___

Current conditions and diagnoses

Condition: _____ Diagnosed: ___

Managed by: ___

Condition: _____ Diagnosed: ___

Managed by: ___

Condition: _____ Diagnosed: ___

Managed by: ___

Condition: _____ Diagnosed: ___

Managed by: ___

Condition: _____ Diagnosed: ___

Managed by: ___

Allergies and intolerances

Allergy: _____ Reaction: ___ Severity: ___

Allergy: _____ Reaction: ___ Severity: ___

Drug allergy: _____ Reaction: _____

Food intolerance: _____ Reaction: _____

Surgeries and hospitalisations

Procedure: _____ Date: ___ Hospital: ___

Procedure: _____ Date: ___ Hospital: ___

Procedure: _____ Date: ___ Hospital: ___

Family medical history

Condition: _____ Relation: _____

Condition: _____ Relation: _____

Condition: _____ Relation: _____