

3.15 Medical History Form

To the teacher:

The following handout is a *very simple* medical history form for learners to use to practice and store their health history and their family members' health history. Many learners may not have had experience writing this information down before.

If learners need more space to write, feel free to copy the document and add space to lines and charts.

- Learners may need to take the form home to collect information on their histories.
- Emphasize to learners that they can keep the form and take it with them to the doctor's.
- If possible, give learners multiple copies to practice with or to add information to. Also, make it available to learners by email or web post.



My Medical History

Name: _____ Date of Birth: _____

Health problems I have:

Allergies I have:

Medicines I take:

Name:	Dose:	Times I take it:

Surgeries:

Name of surgery:	Date:

Health problems in my family: _____

