ELLENBECKER PERSONALIZED MEDICINE

Modern Care, Intentional Focus

ANNUAL HEALTH HISTORY UPDATE

Please let us know about any changes since your last visit. If nothing has changed in a section, simply write "No Changes."

PATIENT INFORMATION

Full Name: _____ **Today's Date:** _____

NEW SURGERIES OR PROCEDURES SINCE LAST VISIT

List any surgeries, procedures, or hospitalizations since your last visit.

Procedure / Hospitalization	Date	Surgeon / Hospital (if known)

NEW MEDICAL HISTORY / DIAGNOSES SINCE LAST VISIT

List any new diagnoses, conditions, or significant health changes.

Condition / Change	Date Diagnosed	Notes

FAMILY HISTORY UPDATES

Note any new family health information since your last visit, with particular attention to cancer, diabetes, heart disease, and genetic conditions.

Relation	New Diagnosis / Change	Age at Diagnosis / Death

MEDICATION CHANGES SINCE LAST VISIT

Please list any medications started, stopped, or changed — including new supplements.

Medication / Supplement	Started / Stopped / Changed	Dose & Frequency

NEW ALLERGIES SINCE LAST VISIT

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Allergen	Reaction

SOCIAL HISTORY UPDATES

Please note any changes to tobacco, alcohol, or drug use.

Tobacco Use — any change? _____

Alcohol Use — any change? _____

Recreational / Other Drug Use — any change? _____

_____

ADDITIONAL INFORMATION

Is there anything else about your health you would like us to know before your visit?

_____

_____

Patient (or Guardian) Signature: _____ **Date:** _____