Medical History and Hospitalizations

(Protected health information. Keep in a secure place.)

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Patient:_____

Patient medical history:
(Include everything: surgeries, injuries, illnesses, etc.)

Date:_____

Issue/diagnosis:_____

Notes:_____

Date:_____

Issue/diagnosis:_____

Notes:_____

Date:_____

Issue/diagnosis:_____

Notes:_____

Date:_____

Issue/diagnosis:_____

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