Patient Medical Health Record

Personal Information:

First Name: JohnLast Name: Doe

• **Date of Birth**: 1985-06-15

• **Gender**: Male

• Contact Information:

o Phone: (555) 123-4567

O Email: john.doe@example.com

o Address: 1234 Elm Street, Springfield, IL, 62704

Medical History:

- 1. Chronic Conditions:
 - O Hypertension (diagnosed in 2015)
 - O Type 2 Diabetes (diagnosed in 2018)
- 2. Surgeries:
 - O Appendectomy (2010)
 - O Knee Surgery (2019)
- 3. Previous Illnesses:
 - O COVID-19 (recovered in 2021)
 - O Pneumonia (2017)

Medications:

- **Metformin** (500 mg) Twice daily for diabetes
- **Lisinopril** (20 mg) Once daily for blood pressure
- **Ibuprofen** (as needed) For knee pain

Allergies:

- Penicillin Rash and swelling
- **Peanuts** Mild anaphylaxis

Immunizations:

- Influenza Vaccine (2023)
- COVID-19 Vaccine (2021)
- Tetanus Booster (2020)

Family Medical History:

• **Father**: Heart Disease, passed away at age 65

• **Mother**: Type 2 Diabetes, Hypertension

• **Siblings**: One brother, no known medical issues

Lifestyle Information:

• **Smoking**: Non-smoker

• **Alcohol**: Occasional drinker (1-2 drinks/week)

• **Exercise**: Moderate exercise (3-4 times/week)

Recent Doctor Visits:

• **June 2023**: Routine check-up, blood pressure under control

• January 2023: Blood sugar levels slightly elevated, medication adjusted

Doctor's Notes:

• **Current Condition**: Stable, continuing prescribed medication for hypertension and diabetes. Recommended further weight management and regular exercise to control blood sugar levels.

End of Record

You can use this format to store the information in a text file or convert it to a PDF for documentation.

Let me know if you'd like more sections or specific customizations!