

Past Medical History (PMH) Template

1. Basic Information

Patient Name			
Date of Birth		Sex/Gender	
Contact Details		Date of Visit	
Emergency Contact Name			
Relationship		Phone No.	
Insurance Provider		Policy Number	

2. Chief Complaint (Reason for Visit)

Primary Concern with Date of Onset	
Description of Symptoms with Pain Level (0-10)	
Frequency	
Worsening Factors	
Alleviating Factors	

Note: You can auto-fill files like this when using Sully, your superhuman team of AI-employees for healthcare. Loved by healthcare organizations with over 30,000 providers.

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3. Past Medical History (PMH)

Chronic Conditions

Past Illnesses

**Surgical History
with Surgery Type
and Dates**

**Hospitalizations
with Dates and
Reasons**

**Previous
Treatments**

4. Medications, Supplements, and Allergies

**Current
Medications with
Name, Dosage,
and Frequency**

**Supplements with
Name, Dosage, and
Frequency**

**Discontinued
Medications and
Reasons**

**Allergies (Drug,
Food, and
Environmental)**

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5. Family Medical History

Immediate Family Health Conditions (Heart Disease, Cancer, Diabetes,

and Mental Health Issues)

Other Hereditary Conditions

6. Social History

Smoking Status

Alcohol Consumption

Recreational Drug Use

Exercise Habits

Diet/ Nutrition

Occupational and Living Environment

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7. Mental Health History

**Diagnosed
Conditions**

Therapy History

**Current Mental
Health Medications**

Stress Levels

**Coping
Mechanisms**

8. Other Providers and Specialists

**Primary
Care
Provider**

Last Visit

**Specialists Name
and Specialties**

Last Visits

**Reason for
Follow Ups**

Physician Name

Practice Name

Credentials

Date Created

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