Medical history form

Use this form to prepare for an adult primary care visit. Use your own words. Write unknown if you are unsure, none only when that is your answer, or prefer to discuss privately. A blank answer does not mean no. Use your clinic's form if required. Return your completed copy only through the clinic's approved method; do not send it to Vero.

Write unknown, none, prefer to discuss privately, or your answer. Do not leave the team to guess.

Your details

Your name and the patient identifier your clinic asks for
Date completed and appointment date
Who answered these questions? Who helped or interpreted?
Name you use, preferred language, and any help with reading, hearing, seeing or completing the form
How can the clinic safely contact you? What should they avoid putting in a message?
Usual doctor, other care teams and pharmacy, if known
What changes or concerns would you like to discuss today?

Past and ongoing health

Name or clinic identifier: _____ Date: _____

Write unknown, none, prefer to discuss privately, or your answer. Do not leave the team to guess.

Add another page for more conditions or procedures. Label approximate dates as approximate.

Your health history

What conditions or health concerns have you had? When did they start, and how are they affecting you now?
Who told you about the condition? Which records or care teams could help confirm it?
Operations, procedures or major injuries: what happened, roughly when, why, and any problems afterward?
Hospital stays: when, why, and any discharge papers you can bring?
Vaccination or screening records you have: date and where they are kept
Other health history you want the team to know, including mental or reproductive health if relevant

Medicines and supplements

Name or clinic identifier: _____ Date: _____

Write unknown, none, prefer to discuss privately, or your answer. Do not leave the team to guess.

Include prescribed medicines, shop-bought medicines, vitamins and herbal products, even occasional use. Use one record per item. Copy this page or add rows in Word for more items.

Medicine or supplement 1

Name, strength on the label, and type such as tablet, liquid or cream
How much do you actually use, how do you take or apply it, and how often? When did you last use it, if known?
What is it for, if known? Who prescribed or suggested it? What package or list could you show the team?
Anything started, stopped or changed? Give the date, who advised it if anyone, and any difference from the label or old list

Medicine or supplement 2

Name, strength on the label, and type such as tablet, liquid or cream
How much do you actually use, how do you take or apply it, and how often? When did you last use it, if known?
What is it for, if known? Who prescribed or suggested it? What package or list could you show the team?
Anything started, stopped or changed? Give the date, who advised it if anyone, and any difference from the label or old list

Other items

Other medicines or supplements, or details you still need to check

Reactions and family history

Name or clinic identifier: _____ Date: _____

Write unknown, none, prefer to discuss privately, or your answer. Do not leave the team to guess.

Describe what happened. The clinical team decides how to record the reaction. Repeat the rows for additional reactions.

Allergy or other reaction 1

Medicine, food or other substance; what happened; approximate date or age
How soon after taking or touching it? What treatment or emergency care did you receive, if any?
Who remembers this, and are any records or test results available?

Allergy or other reaction 2

Medicine, food or other substance; what happened; approximate date or age
How soon after taking or touching it? What treatment or emergency care did you receive, if any?
Who remembers this, and are any records or test results available?

Use relationships rather than relatives' names. The separate family worksheet has room for more detail.

Family history summary

Which biological relatives have health conditions? Give the relationship, condition and approximate age at diagnosis
Who supplied this information? Any ages or causes of death known?
What family information is unknown or unavailable? You do not have to explain why

Daily life and private questions

Name or clinic identifier: _____ Date: _____

Write unknown, none, prefer to discuss privately, or your answer. Do not leave the team to guess.

You may write prefer to discuss privately or decline a question. Tell the clinic about help you need returning the form.

What matters for your care

Living situation, people who help you, and anyone you care for
Work or study, and anything you are exposed to that you want to discuss
Any difficulty with transport, food, housing, medicine costs or getting care?
Sleep, activity, food or everyday tasks you would like help with
Tobacco or nicotine, alcohol, or other substance use now or in the past: what, how much, how often, and when last used or stopped?
Anything about safety, relationships, sexual health or other personal matters you would rather discuss privately?
Anything else you are unsure of, chose not to answer, or want the team to ask you about?