

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email]

[Date]

[Recipient Name or Medical Provider Name]  
[Facility/Clinic Name]  
[Facility Address]  
[City, State, Zip Code]

**Subject: Documentation of Pre-Existing Medical Conditions Regarding Pregnancy**

To Whom It May Concern,

I am writing to formally provide documentation regarding my pre-existing medical conditions as they relate to my current pregnancy and prenatal care. It is important that these conditions are integrated into my maternal health management plan to ensure the safety of both myself and the baby.

I have been diagnosed with the following pre-existing condition(s):

- [Condition Name 1] - Diagnosed on: [Date]
- [Condition Name 2] - Diagnosed on: [Date]

Currently, I am prescribed the following medications or treatments for these conditions:

- [Medication Name] - [Dosage/Frequency]
- [Treatment/Therapy] - [Frequency]

My primary specialist for these conditions is [Specialist Name] at [Specialist Clinic/Hospital], who can be reached at [Phone Number] for coordination of care.

Please include this information in my permanent medical record and consider these factors when determining my birth plan and risk assessment. I look forward to discussing how we will monitor these conditions throughout my pregnancy.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]