[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Request for Health History - Welcome to [Practice Name]

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased to have you as a patient and look forward to providing you with high-quality care.

To ensure we provide the best possible treatment, we kindly ask you to complete the enclosed Health History Form. For our senior patients, it is particularly important that we have an accurate record of your:

- Current medications and dosages (including vitamins and supplements)
- Past medical conditions and surgeries
- Current healthcare specialists you are seeing
- Immunization history
- Known allergies

Please bring the completed form, along with your insurance cards and a list of your current medications, to your first appointment on **[Appointment Date]** at **[Appointment Time]**.

If you have medical records at another doctor's office, please let us know so we can assist you in requesting a transfer of those files to our clinic.

If you have any questions or need assistance completing the form, please call our office at [Phone Number].

Sincerely,

[Doctor/Staff Name]
[Practice Name]
[Phone Number]