Personal Condition Reference Sheet

Basic Info

- Name: _____
- Date of Birth: ___/___/_____
- Emergency Contact: _____
- Phone Number: ___
- Primary Provider(s):
  - Names:_____
  - Specialty:_____
  - Contact info:_____

Chronic / Current Conditions

Current Conditions	Symptoms	Date First Noted

Past Medical History

Prior Sergeries	Symptoms	Date First Noted

Hospitalizations

Date Admitted	Symptoms	Date First Noted

Major diagnoses

Prior Sergeries	Symptoms	Date First Noted

Medications & Supplements

Name	Rason For Use	Date First Taken

Allergies / Sensitivities

Name	Reaction	Date First Noted

Recurrent Symptoms / Patterns Log

Date	Symptom(s)	Severity	Context	Notes

Provider Visit History

Date	Provider Name & Role	Visit Purpose	Action Taken (labs, changes, notes)

Personal Observations / Self-Insight

- Noted patterns between [trigger] and [response]
- Body response to stress, hydration, temperature, fasting, etc.
- Sensory indicators (muscle tightness, rhythm shifts, gut state)
- What interventions worked (or didn't) and how long effects lasted