# Chronic Illness Medical Background Record

## Patient Information

Full Name

Date of Birth

Phone

Email

Address

## Emergency Contact

Name

Relationship

Phone

## Chronic Illness Details

Primary Diagnosis

Diagnosis Date

Current Symptoms

Current Medications

Allergies

Ongoing Treatments / Therapies

## Medical History

Past Illnesses / Surgeries

Family History of Chronic Illness

## Notes / Other Information