

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

[Doctor's Name]
[Doctor's Office Name]
[Office Address]
[City, State, Zip Code]

Dear [Doctor's Name],

RE: Uvula Health History

I am writing to provide a detailed health history concerning my uvula, as requested during my last appointment on [date of last appointment].

1. ****Current Symptoms****:

- Description of any discomfort, swelling, or other issues with the uvula.

- Frequency of symptoms (daily, occasional, etc.).

2. ****Past Medical History****:

- History of any throat infections (e.g., strep throat, tonsillitis)

- Previous uvula-related issues (e.g., apnea, snoring).

3. ****Allergies****:

- Any known allergies (e.g., medications, environmental).

4. ****Medications****:

- List of current medications (name, dosage, purpose).

5. ****Lifestyle Factors****:

- Smoking or alcohol use.

- Impact of diet or exercise on throat health.

6. ****Family History****:

- Any family history of respiratory or throat-related issues.

Please let me know if you require further information or if you would like me to schedule an appointment to discuss my concerns.

Thank you for your attention to this matter.

Sincerely,

[Your Name]