

# Initial Patient Health Assessment Sheet

## Patient Information

Full Name

Date of Birth

Sex

Contact Number

Address

## Medical History

Past Illnesses

Surgeries / Hospitalizations

Current Medications

Allergies

## Family History

Relevant Family Medical History

## Lifestyle

- ☐ Smoker
- ☐ Alcohol use
- ☐ Regular Exercise

Other Lifestyle Information

## Presenting Complaints

Reason for Visit / Symptoms

## Vital Signs

Height (cm)

Weight (kg)

Blood Pressure (mmHg)

e.g., 120/80

Pulse (bpm)

## Examiner Notes

Additional Notes / Findings