

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