Comprehensive Patient Health Record Form

This **comprehensive patient health record form** sample is designed specifically for family practice to efficiently document medical history, current conditions, and treatment plans. It ensures accurate and organized patient information, facilitating improved care coordination and clinical decision-making. The form supports a holistic approach to patient health management within family medicine.

I. Patient Information

Full Name:		**Date of Birth:**	
Sex:	Select	**Phone:**	
Address:			
Emergency Contact:		**Relationship:**	

II. Medical History

Please check all that apply or provide details where necessary.

Condition	Yes/No	If Yes, Details
Diabetes	Yes No	
Hypertension	Yes No	
Heart Disease	Yes No	
Asthma	Yes No	
Allergies	Yes No	
Other (Please Specify)		

Current Medications (Name, Dosage, Frequency):

Past Surgeries/Hospitalizations (Include Dates):

Family History of Illnesses:

III. Social History

Smoking Status: Select **Alcohol Use:** Select

Exercise Frequency: Select

Occupation:

Living Situation (e.g., alone, with family):

IV. Review of Systems

Check any symptoms experienced recently:

☐ Fever	☐ Weight Loss	☐ Fatigue	☐ Cough
☐ Headache	☐ Chest Pain	☐ Shortness of Breath	☐ Nausea/Vomiting

Other Symptoms (Please Specify):

V. Physical Exam

(To be completed by clinician)

General Appearance/Findings:

Vital Signs:

Blood Pressure:		Heart Rate:		Respiratory Rate:	
Temperature:		Height:		Weight:	

VI. Assessment & Plan

(To be completed by clinician)

Assessment (Diagnosis):

Treatment Plan & Follow-up:

VII. Clinician's Signature

Name: **Date:**

Save Record