

Customer Assessment Form Sample for Healthcare Providers

Our **customer assessment form** sample is specifically designed for healthcare providers to streamline patient information collection efficiently. It ensures accurate tracking of medical history, symptoms, and treatment preferences for improved care quality. Utilizing this form helps enhance patient-provider communication and supports informed decision-making.

Patient Information

Full Name:

Date of Birth:

Gender:

Select... ▾

Phone:

Email:

Medical History

Do you have any of the following conditions?

☐ Diabetes

☐ Hypertension

☐ Allergies

☐ Asthma

☐ Other (please specify):

Current medications (if any):

Please specify any allergies:

Present Symptoms

Describe your current symptoms:

Duration of symptoms:

Treatment Preferences

Are there any treatment preferences or concerns you wish to share?

Submit Assessment

