

# Physical Health Assessment Survey Form

Our **physical health assessment survey form** sample is designed for clinics to efficiently evaluate patients' overall health status. This comprehensive form collects vital information to support accurate diagnoses and personalized care plans. It ensures a systematic approach to monitoring physical well-being in clinical settings.

Patient Information

Full Name:

Date of Birth:

Gender:

Select

Contact Number:

Vital Signs

Height (cm):

Weight (kg):

Blood Pressure (mmHg):

e.g., 120/80

Pulse Rate (bpm):

Body Temperature (°C):

Medical History

Do you have any chronic conditions?

☐ Diabetes

☐ Hypertension

☐ Asthma

☐ Heart Disease

☐ None

Current Medications:

Lifestyle & Habits

Do you smoke?

Select

Alcohol Consumption:

Select

Physical Activity Level:

Select ▼

#### Assessment Notes

Clinician's Notes/Observations:

Submit