

# 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