

Self-Reported Health Assessment Form Sample

This **self-reported health assessment form sample** helps individuals accurately document their current health status. It enables easy tracking of symptoms, medical history, and lifestyle factors for better healthcare communication. Using this form improves patient-provider understanding and supports personalized care planning.

Personal Information

Full Name:

Date of Birth:

Gender:

Select

Health Status

How would you rate your overall health?

Select

Current Symptoms (check all that apply):

☐ Fever

☐ Cough

☐ Shortness of Breath

☐ Fatigue

☐ None

Medical History

Have you ever been diagnosed with any of the following?

☐ Diabetes

☐ Hypertension

☐ Heart Disease

☐ Asthma

☐ None

Lifestyle Factors

Do you smoke?

Select

Do you consume alcohol?

Select

Additional Comments

Please provide additional information or concerns:

Submit