

# 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: