

Annual Health Assessment Form Sample

An **annual health assessment form sample** provides a comprehensive template to evaluate an individual's overall health status yearly. It helps in documenting vital health information and identifying potential risks early. Utilizing this form ensures a structured approach to personal health monitoring and preventive care.

Personal Information

Full Name:

Date of Birth:

Gender: Select

Contact Number:

Email:

Medical History

Do you have any chronic conditions? (e.g. diabetes, hypertension)

Current medications:

Past surgeries or hospitalizations:

Allergies:

Vital Signs

Height (cm):

Weight (kg):

Blood Pressure (mmHg):

Body Mass Index (BMI):

Pulse Rate (beats/min):

Lifestyle & Habits

Do you smoke? No

Do you consume alcohol? No

Exercise Frequency:

Dietary Preferences:

General Assessment

Any recent symptoms or health concerns?

Family history of diseases:

Physician's Notes

Physician's Name:

Date of Assessment:

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