

Patient Intake Health Assessment Survey

This **patient intake health assessment survey** form sample is designed to efficiently gather essential medical history and current health information from new patients. It ensures accurate and comprehensive data collection, facilitating better diagnosis and personalized care plans. Utilizing this form helps streamline the registration process while maintaining patient confidentiality.

Personal Information

First Name:

Last Name:

Date of Birth:

Gender:

--Select--

Phone Number:

Address:

Medical History

Known Allergies:

Current Medications:

Chronic Conditions (e.g. diabetes, asthma):

Past Surgeries or Hospitalizations:

Lifestyle & Social History

Do you smoke?

--Select--

Do you consume alcohol?

--Select--

How often do you exercise?

--Select--

Presenting Health Concerns

Please describe the main reason for your visit:

Emergency Contact

Name:

Relationship:

Phone Number:



I confirm that the information provided is accurate to the best of my knowledge.

Submit