Printable Health Risk Assessment Form Sample

Download a **printable health risk assessment form sample** to easily evaluate personal health factors and potential risks. This form helps individuals and professionals identify areas for improvement and promote a healthier lifestyle. Use the sample as a convenient template to customize your own health assessment.

Personal Information

Name:		**Date of Birth:**	
Gender:	☐ Male ☐ Female ☐ Other	**Phone:**	

Health Risk Assessment

Lifestyle Factors	
Do you smoke?	☐ Yes ☐ No
Do you consume alcohol?	☐ Yes ☐ No
Physical Activity Level	☐ Low ☐ Moderate ☐ High
Diet	☐ Unhealthy ☐ Average ☐ Healthy
Hours of sleep per night	[ ] hours

Medical History	
Do you have any chronic conditions (e.g., diabetes, hypertension)?	☐ Yes ☐ No If yes, please specify:
Family History of major illnesses?	☐ Yes ☐ No If yes, please specify:
Current Medications	
Drug Allergies	

Other Health Information	
Height (cm):	
Weight (kg):	
Blood Pressure:	

Signature: _____

Date: _____