

# Chronic Illness Medical Assessment Form Sample

The **chronic illness medical assessment form** sample is designed to systematically document a patient's long-term health conditions and treatment history. It ensures comprehensive evaluation by healthcare providers, facilitating accurate diagnosis and personalized care planning. This form enhances communication between medical professionals and supports ongoing patient management effectively.

## Patient Information

Full Name:

Date of Birth:

Gender:  Select...

Contact Number:

## Medical History

### Current Chronic Illnesses:

List chronic illnesses (e.g., diabetes, hypertension)

### Onset Date for Each Condition:

### Current Medications and Dosages:

### Allergies:

### Treatment History:

## Assessment and Care Plan

### Symptoms and Severity:

### Physical Examination Findings:

### Recent Lab/Imaging Results:

### Provider's Notes and Recommendations:

Follow-up/Appointments:

**Submit Assessment**