

Comprehensive Medical History Form Sample

Our **comprehensive medical history form sample** is designed to collect detailed patient information crucial for research studies. It ensures accurate data gathering on medical background, lifestyle, and current health status. This form supports effective analysis and enhances the quality of research outcomes.

Personal Information

Full Name

Date of Birth

Gender

Select

Contact Number

Email Address

Medical History

Primary Care Physician

Existing Medical Conditions

Please list all relevant conditions

Current Medications

Include dosage and frequency

Allergies

List drug, food, and environmental allergies

Hospitalizations and Surgeries

Include reason and year

Immunization Status

☐

MMR

☐

Tetanus

☐

Hepatitis B

☐

COVID-19

☐

Other

Lifestyle Information

Smoking Status

Select



Alcohol Consumption

Select



Physical Activity Level

Select



Brief Description of Diet

Family Medical History

Family History of (Check all that apply):

☐

Heart Disease

☐

Diabetes

☐

Cancer

☐

Stroke

☐

Hypertension

☐

Other

Details (relationship, age of onset):

Current Health Concerns

Describe any current symptoms or health concerns

Consent

☐

I consent to the use of my medical information for research purposes in accordance with privacy regulations.

Submit