

# New Patient Health Assessment Form Sample

This **new patient health assessment form sample** is designed to efficiently gather essential medical history and current health information from patients. It ensures thorough documentation to support accurate diagnosis and personalized care. Using this form improves the overall patient intake process and enhances communication between healthcare providers and patients.

Personal Information

Full Name:

Date of Birth:

Gender:

--Select--

Phone Number:

Email:

Address:

Emergency Contact

Name:

Phone:

Relationship:

Medical History

Do you have or have you had any of the following? (Check all that apply):

☐ Asthma

☐ Diabetes

☐ Hypertension (High Blood Pressure)

☐ Heart Disease

☐ Stroke

☐ Allergies

☐ Other (please specify below)

Specify other conditions...

Current Medications:

Past Surgeries/Hospitalizations (Include year):

Allergies

Medication Allergies:

Food Allergies:

#### Lifestyle & Habits

Do you smoke?

Do you drink alcohol?

How often do you exercise?

#### Reason for Visit

What is the main reason for your visit today?

By submitting this form, you confirm that the information provided is complete and accurate to the best of your knowledge.