

# Patient Health Risk Assessment Form Sample

This **patient health risk assessment form** sample is designed to help medical professionals efficiently evaluate an individual's health status and identify potential risk factors. By collecting comprehensive data on medical history, lifestyle, and symptoms, it aids in early detection and preventive care. Utilizing this form enhances patient safety and supports informed clinical decisions.

Personal Information

Full Name:

Date of Birth:

Gender:

Select...

Medical History

☐ Diabetes

☐ Hypertension

☐ Heart Disease

☐ Asthma

☐ None

Other (please specify):

Lifestyle Factors

Do you smoke?

Select...

Do you consume alcohol?

Select...

How often do you exercise?

Select...

Current Symptoms

☐ Fever

☐ Cough

☐ Chest Pain

☐ Shortness of Breath

☐ None

Other (please specify):

Additional Information

Please provide any additional information or concerns:

Submit Assessment