

Generic Patient Statement of Health

(For Internal Use Only)

Personal Information

Full Name: _____

Date of Birth: _____

Contact Number: _____

Address: _____

Medical History

Do you have any known allergies? _____

If yes, please specify

Current medications:

List any prescription or over-the-counter medications

Chronic illnesses/conditions:

List any relevant chronic conditions

Past surgeries or hospitalizations:

Lifestyle Information

Do you smoke? _____

Do you consume alcohol? _____

Exercise frequency: _____

Dietary description:

Family Medical History

List relevant medical conditions in immediate family, such as diabetes, hypertension, etc.

Additional Information

(Optional)

Declaration

I hereby declare that the information provided above is complete and accurate to the best of my knowledge.

Signature: _____

Date: _____