

Health history questionnaire template

Name: _____ [mention here the name of the person filling the health history questionnaire]

Age: _____ [mention here the age of the person]

Date of birth: ____/_____/_____ [Give age in dd/mm/yy format]

Address: _____ [mention here the address of the person]

Contact number: _____ [mention here the contact number of the person]

Email address: _____ [mention the email address of the person]

Q1. What do you think about your general health condition? [This question is asked to know about general health condition of the person]

_____ [provide space for answer]

Q2. Have you ever been diagnosed with any medical condition which was treated later [This question is asked to know health history]

_____ [provide space for answer]

Q3. Do you have any allergies or infections from any particular food items? [This question is asked to know about allergic reaction history]

_____ [provide space for answer]

Q4. Do you suffer from diabetes, high blood pressure or any other such common medical ailments? [This question is asked to know about common medical conditions]

_____ [provide space for answer]

Q5. Have you ever been hurt in an accident which has an ongoing effect? [This question is asked to know about accidents]

_____ [provide space for answer]

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