Patient Self-Evaluation Form

Please take a few moments to complete this self-evaluation form. Your responses will help us better understand your health status and provide you with the best possible care.

Personal Information:
Full Name: Zenry Hughes
Date of Birth: 05/15/1980
Gender: MALE
Contact Number: (555) 123-4567
Email Address: zenry.hughes@email.com
Health History:
1. Have there been any changes in your medical history since your last visit? If yes, please specify:
No significant changes.
2. List any medications you are currently taking (prescription or over-the-counter):
Ibuprofen for occasional pain
3. Do you have any known allergies? If yes, please list them:
None
Current Symptoms:
Please rate the severity of the following symptoms on a scale from 1 to 10, with 1 being mild and 10 being severe.
1. Fatigue: 3
2. Pain (specify location): Back pain -5
3. Shortness of breath: 2
4. Fever or chills: 0
5. Cough: 1
6. Other symptoms (please specify): None

Lifestyle and Habits:
How would you describe your current diet? (e.g., balanced, vegetarian, vegan, etc.)
Balanced diet with a mix of fruits, vegetables, and lean proteins.
Do you engage in regular physical activity? If yes, please describe your routine:
Jogging three times a week for 30 minutes.
Do you smoke? ☐ Yes ☑ No
If yes, how many cigarettes per day?
Do you consume alcohol? ☑ Yes ☐ No
If yes, how often and in what quantity? Occasionally, one glass of wine per week
Mental Health:
1. How would you rate your stress level on a scale from 1 to 10, with 1 being low and 10 being high?
6
2. Have you experienced any significant changes in your mood or mental well-being recently? If yes, please elaborate:
Feeling a bit more stressed due to work pressure.
Additional Comments or Concerns:
Please use this space to provide any additional information or express any concerns you may have:
No additional comments or concerns.

Signature: I confirm that the information provided in this self-evaluation form is accurate to the best of my knowledge.

Signature: Zenry Hughes _____ Date: 02/27/2024 _____