

Health Risk Assessment Form

Name & Demographic Information		Date	
First		Last	
Address		City	
State/Province		Zip/Postal	
Gender		Race	
Age		Height	ft in <i>or</i> cm
Education Level		Weight	lbs <i>or</i> kg

Personal Health Status	
My health has _____ in the past year.	Use note section below for more detail.
Notes on personal health status:	