

PATIENT SELF-HISTORY FORM (DHHS 4060F & 4060M)

- Purpose:** To expedite the collection of health history information.
- Instructions:** This form is to be completed by the client and reviewed by the designated health care provider. The client is to follow the instructions that precede each section. The form is available in both English and Spanish. It is not a mandatory form and may be used at the discretion of the health department.
- Disposition:** This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History.