

Medical Summary Report

SECTION 1: PATIENT PARTICULARS

Full Name of Patient: Ms. Jane Smith

Insurance ID: INS-654321

Age of Patient: 60 years

Gender: Female

SECTION 2: ATTENDING PHYSICIAN DETAILS

Full Name of Doctor: Dr. Allen

MCR Number: [To be completed]

Hospital/Clinic: [Name & Address to be provided]

Doctor's Qualifications: [To be completed]

Doctor-Patient Relationship:

I am the attending physician for Ms. Jane Smith. She was seen in my clinic for evaluation of her headache and associated complaints. There is no prior doctor-patient relationship for long-term management.

SECTION 3: CLINICAL INFORMATION AND HISTORY

Ms. Jane Smith, a 60-year-old female, presented with complaints of a gradual onset headache for several days, accompanied by nausea. She reported that her headache episodes were similar in character and severity to her previous migraine attacks. She does not report any recent head injury, visual disturbances, or other alarming features.

She has a known history of migraine and takes Ibuprofen for symptom relief. She has no history of surgical interventions and denies any known allergies.

On examination, her vital parameters were stable with a blood pressure of 120/80 mmHg, heart rate of 75 beats per minute, and a temperature of 36.7°C. Systemic examination revealed no focal neurological deficits.

In view of the persistent nature of her headache, an MRI Brain was performed on 01 June 2024 to rule out secondary causes. The MRI did not reveal any significant abnormality beyond what is expected in longstanding migraine.

Final Diagnosis: Migraine

SECTION 4: DECLARATION AND SIGNATURE

The patient was reassured and advised on lifestyle modifications and appropriate use of analgesics. She was counselled on warning signs that would necessitate urgent medical review.

I certify that the information above is true and accurate.

Attending Physician: Dr. Allen

Date of Report: 02 June 2024

Signature (Digital): ALLEN2024SIG