

# MEDICO-LEGAL REGISTER (Digital Consent Form)

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## Patient Information

Govt. ID: \_\_\_\_\_

M.L.C. No.: \_\_\_\_\_

Indoor / OPD No.: \_\_\_\_\_

Name & Address: \_\_\_\_\_

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Examination Date: \_ / \_ / \_

Time: \_ am/pm

Age: \_\_\_\_\_ yrs

Sex: ☐ M ☐ F ☐ O

Brought / Referred by (Name & Address): \_\_\_\_\_

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Identification Marks / L.H.T.I. of Patient: \_\_\_\_\_

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Relationship (of person bringing patient): \_\_\_\_\_

Signature: \_\_\_\_\_

Time Brought In: \_ am/pm

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## History and Alleged Cause of Injury

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## Condition on Arrival

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## Details of Injuries / Clinical Features

(Nature, exact situation, dimension, fresh/healing, cause of injury, age of injury)

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## Site of Injury (Body Diagram)

**Front View:** *(Mark injury locations)*

☐ Head ☐ Torso ☐ Arms ☐ Legs

**Back View:** *(Mark injury locations)*

☐ Head ☐ Back ☐ Arms ☐ Legs

**Face:** *(Mark injury locations)*

☐ Left ☐ Right ☐ Center

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## Radiological Investigations

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## Summary of Treatment

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## Condition on Discharge & Diagnosis

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Attended by Drs.: \_\_\_\_\_

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## Admission & Discharge Details

Date of Admission: \_ / \_ / \_\_

I.P. No.: \_\_\_\_\_

Date of Discharge: \_ / \_ / \_\_\_\_

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## Police Information on Admission

Date & Time Informed: \_ / \_ / \_\_ \_\_ am/pm

Date & Time Police Arrived: \_ / \_ / \_\_\_\_ am/pm

Email sent to Police (Yes/No): \_\_\_\_\_

**Police Station:** \_\_\_\_\_

**Constable's Name:** \_\_\_\_\_

**Buckle No.:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

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## **Police Information on Discharge**

**Date & Time Informed:** \_ / \_ / \_\_ \_\_ am/pm

**Date & Time Police Arrived:** \_ / \_ / \_\_\_\_ am/pm

**Police Station:** \_\_\_\_\_

**Constable's Name:** \_\_\_\_\_

**Buckle No.:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name of M.O.:** \_\_\_\_\_

**Designation:** \_ **Reg. No.:** \_\_\_\_\_

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## **Final Declaration**

*This medico-legal record must be preserved forever as per legal requirements.*

**Signature of Medical Officer:** \_\_\_\_\_

**Date:** \_ / \_ / \_\_\_\_

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