

# MEDICO-LEGAL REGISTER

(Your only defence in the Court of Law are your records – so they must be up-to-date)

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## Patient Identification

- Government ID: \_\_\_\_\_
  - MLC No.: \_\_\_\_\_
  - Indoor / OPD No.: \_\_\_\_\_
  - Patient Name: \_\_\_\_\_
  - Age: \_\_\_\_\_ Years      Sex: ☐ Male ☐ Female ☐ Other
  - Identification Marks / LHTI of Patient: \_\_\_\_\_
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## Examination Details

- Date of Examination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - Time: \_\_\_\_\_ ☐ AM ☐ PM
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## Brought / Referred By

- Name & Address: \_\_\_\_\_
  - Government ID of Relative: \_\_\_\_\_
  - Relationship: \_\_\_\_\_
  - Signature: \_\_\_\_\_
  - Time Brought In: \_\_\_\_\_ ☐ AM ☐ PM
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## History & Alleged Cause of Injury

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## Condition on Arrival

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## Details of Injuries / Clinical Features

*(Nature, Exact Situation, Dimensions, Fresh/Healed, Cause, Age of Injury)*

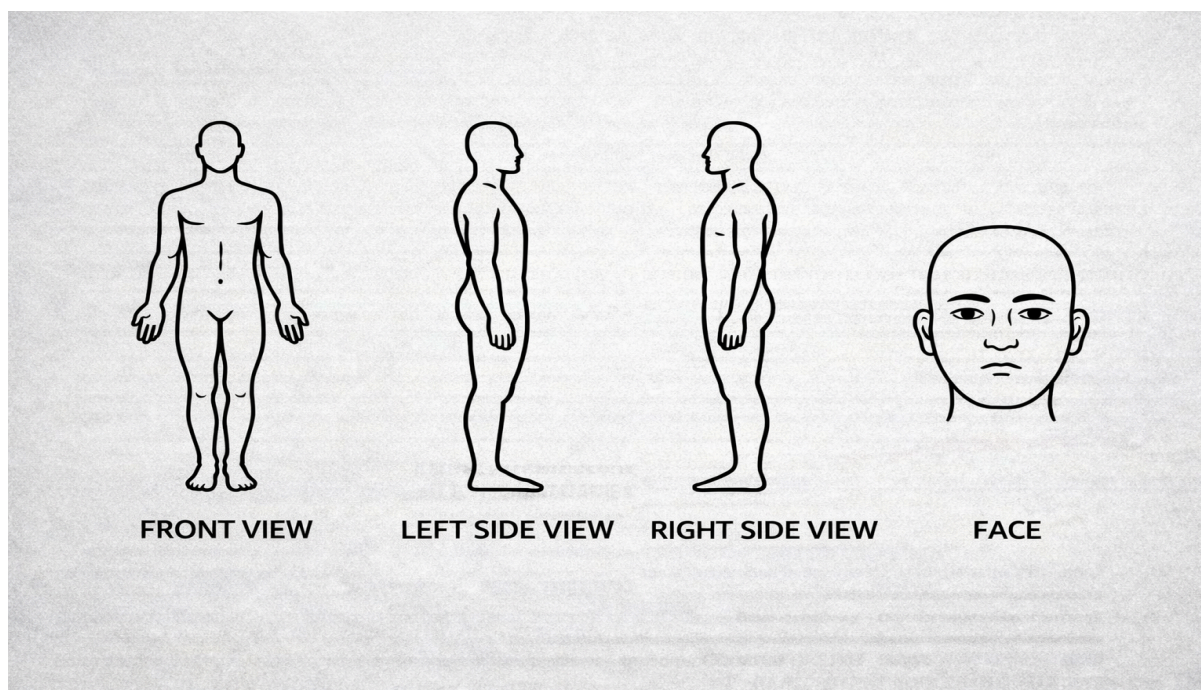
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## SITE OF INJURY – BODY MARKING



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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 Doctor(s)

- Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Registration No.: \_\_\_\_\_

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## Admission & Discharge Details

- Date of Admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- IP No.: \_\_\_\_\_
- Date of Discharge: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## Police Information on Admission

- Date & Time Informed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ ☐ AM ☐ PM
- Date & Time Arrived: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ ☐ AM ☐ PM
- Police Station: \_\_\_\_\_
- Constable Name: \_\_\_\_\_
- Buckle No.: \_\_\_\_\_
- Signature: \_\_\_\_\_

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## Police Information on Discharge

- Date & Time Informed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ ☐ AM ☐ PM
- Date & Time Arrived: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ ☐ AM ☐ PM
- Police Station: \_\_\_\_\_
- Constable Name: \_\_\_\_\_
- Buckle No.: \_\_\_\_\_
- Signature of Medical Officer: \_\_\_\_\_

- Name of M.O.: \_\_\_\_\_
- Designation: \_\_\_\_\_
- Registration No.: \_\_\_\_\_

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**TO BE PRESERVED FOREVER**

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