

MEDICO-LEGAL REGISTER (Digital Consent Form)

Patient Information

Govt. ID: _____

M.L.C. No.: _____

Indoor / OPD No.: _____

Name & Address: _____

Examination Date: _/_/_

Time: _ am/pm

Age: _____ yrs

Sex: M F O

Brought / Referred by (Name & Address): _____

Identification Marks / L.H.T.I. of Patient: _____

Relationship (of person bringing patient): _____

Signature: _____

Time Brought In: _ am/pm

History and Alleged Cause of Injury

Condition on Arrival

Details of Injuries / Clinical Features

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

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

Radiological Investigations

Summary of Treatment

Condition on Discharge & Diagnosis

Attended by Drs.: _____

Admission & Discharge Details

Date of Admission: _ / _ / __

I.P. No.: _____

Date of Discharge: _ / _ / _____

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: _____

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.: _____

Final Declaration

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

Signature of Medical Officer: _____

Date: _ / _ / _
