horizontal line

Medical Report Form Template

**Header:**

* Hospital/Clinic Name
* Title: Comprehensive Medical Report

**Section 1: Patient Demographics**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Gender: ☐ Male ☐ Female ☐ Prefer not to say
* Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Medical Examination Findings**

* Vital Signs: Temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Physical Examination Summary:
  + Text Box for input

**Section 3: Diagnostic Results**

* Laboratory Tests Conducted:
  + Checkboxes for common tests (CBC, Lipid Panel, etc.)
* Imaging (X-Ray, MRI, CT Scan):
  + Descriptions Box

**Section 4: Treatment Plan**

* Medications Prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Surgery/Procedures Recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Follow-up Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:**

* Doctor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_