

# Medical Report Check

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## Medical Report Check

### 1. Patient Information

- **Name:** [Patient's Full Name]
- **Date of Birth:** [DOB]
- **Patient ID/Record Number:** [ID Number]
- **Date of Report:** [Date]

### 2. Referring Doctor Information

- **Doctor's Name:** [Doctor's Full Name]
- **Specialty:** [Specialization]
- **Contact Information:** [Phone Number, Email Address]

### 3. Medical History

- **Past Medical Conditions:** List any relevant medical conditions.
- **Surgical History:** Include dates and types of surgeries, if any.
- **Allergies:** Note any known allergies to medications, foods, etc.
- **Family Medical History:** Summarize relevant family medical background.

### 4. Current Medications

- List all medications the patient is currently taking, including dosage and frequency.

## 5. Presenting Complaints

- Describe the symptoms and issues the patient is currently experiencing.

## 6. Examination Findings

- **Vital Signs:** Document the patient's blood pressure, heart rate, temperature, and other vital signs.
- **Physical Examination:** Note any relevant findings, such as pain, swelling, or abnormalities.

## 7. Diagnosis

- State the diagnosis based on examination findings, tests, and other evaluations.

## 8. Investigations and Test Results

- List any diagnostic tests conducted (e.g., blood tests, X-rays) and provide a summary of results.

## 9. Treatment Plan

- Outline the recommended treatments, including medications, lifestyle changes, or referrals to specialists.

## 10. Recommendations and Follow-Up

- Provide any additional recommendations, such as rest, therapy, or dietary adjustments.
- Specify when the patient should return for a follow-up visit.

## 11. Doctor's Signature

- **Doctor's Name and Signature:**
- **Date:** [Date Signed]