
HISTORY AND EXAMINATION FORM

For Haemoglobin Studies and Marrow Examination

To be filled completely by Physician ONLY!

Name:

Father's Name:

Age Gender Ethnicity:

Cast:

Contact Number: Landline

Mobile:

Address:

Presenting Complaint:

History of Present illness:

Draw Family Tree Here:



Family Hx:

 Transfusion dependence in siblings/cousins

Personal Hx:

Socioeconomic Hx:

Therapeutic Hx:

Blood transfusions: YES/NO Type? Number Date of first & last transfusion

Examination:

Pallor:

Jaundice:

Cyanosis:

Plethora:

Skin (Petechiae/Bruises):

Lymph nodes:

Liver:

Spleen:

Other sign:

Provisional diagnosis:

Indication for Testing:

Physician/Pathologist

Name

Signature

Mobile Number

Date