

MEDICAL RECORD ABSTRACT FORM

Patient's Name: _____

Date(s) of treatment: _____

Patient's physician: _____

Was patient hospitalized? _____ If so, where? _____

Did patient have surgery? _____ If so, what was done? _____

What is the patient's chief complaint? _____

What is the diagnosis? _____

Was any medication prescribed? _____ If, so, what is the name of the medication and dosage? _____

Does the patient have any drug or food allergies? _____ If so, list them: _____

Was any laboratory work performed? _____ If so, list all tests and results: _____

What is the prognosis of this case? _____