

Medical Report Form Sample for Legal Proceedings

This **medical report form sample** is designed specifically for legal proceedings, ensuring all necessary health details are documented accurately and clearly. It provides a structured template to record patient information, medical history, and clinical findings relevant to legal cases. Using this form helps streamline the submission of medical evidence in court.

1. Patient Information

Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Gender:	<input type="text" value="Select"/> <input type="button" value="▼"/>
Address:	<input type="text"/>
Contact Number:	<input type="text"/>

2. Medical History

Relevant Medical History:	<input type="text"/>
Current Medications:	<input type="text"/>
Allergies:	<input type="text"/>

3. Clinical Findings

Examination Findings:	<input type="text"/>
Diagnosis:	<input type="text"/>
Treatment Provided:	<input type="text"/>

4. Opinion and Relevance to Legal Proceedings

Medical Opinion (relevance to legal case):	<input type="text"/>
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5. Additional Comments

<input type="text"/>

Doctor's Name:	<input type="text"/>
Qualification:	<input type="text"/>

Registration Number:	<input type="text"/>
Date:	<input type="text"/>
Signature:	(For physical signature)