

AST Blood Test

Patient's full name:

Date of birth:

Age:

Gender:

Medical record #:

Attending physician's full name:

Patient's medical history:

Symptoms

Weakness

Vomiting

Pain in belly

Dark-colored urine

Fatigue

Loss of appetite

Swelling in belly

Light-colored stool

Nausea

Weight loss

Jaundice

Itchy skin

Other symptoms:

AST Blood Test Results

Male Female

AST blood count: _____ units/L

- Normal
- Mild elevation
- Severe elevation

Comments