# CBC Blood Test

**Patient's full name:**

**Date of birth:** **Age:** **Gender:**

**Medical record #:**

**Attending physician's full name:**

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**Patient's medical history:**

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**<u>Symptoms</u>**

| | | |
|---|---|---|
| ☐ Bruises | ☐ Bleeding | ☐ Weakness |
| ☐ Fatigue | ☐ Fever | ☐ Headaches |
| ☐ Dizziness | ☐ Nausea | ☐ Vomiting |
| ☐ Joint pains | ☐ Inflammations | ☐ Abnormal heart rate |
| ☐ High blood pressure | ☐ Low blood pressure | |

**Other symptoms:**

**CBC Blood Test Results**

**NOTE: Please indicate your lab's normal values per component, especially for your patient's gender.**

| Component | Results (include units) | Normal Ranges |
|---|---|---|
| Red Blood Cell Count (Erythrocytes) | | |
| Hemoglobin | | |
| Hematocrit | | |
| Erythrocyte Sedimentation Rate | | |
| Red Cell Distribution Width | | |
| White Blood Cell Count (Leukocytes) | | |
| Monocyte Count | | |
| Lymphocyte Count | | |
| Neutrophil Count | | |
| Basophil Count | | |
| Eosinophil Count | | |
| Platelet Count (Thrombocytes) | | |
| Mean Corpuscular Volume (MCV) | | |
| Mean Corpuscular Hemoglobin (MCH) | | |
| Mean Corpuscular Hemoglobin Concentration (MCHC) | | |

**Comments**

**Your blood test results will be kept confidential.**

**Signed by: ______________________________ (signature over printed name)**

**Date: ___________________________**