

ESR Blood Test

Patient Information	
Full Name	
Date of Birth	
Gender	
Contact Number	
Address	
Medical History	
Known Allergies	
Current Medications	
Previous Illnesses	
Related Questions	
Recent Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No
Symptoms of Inflammation	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tests	
Blood Sample Taken On	
Test Conducted By	
Findings	
ESR Value	

Basis of Findings	
Reference Range	
Interpretation	
Overall Interpretation	
Doctor's Signature	
Doctor's Name	
Date	

Reference Range for ESR Value (mm/hr) Based on Age and Gender

Age	Men	Women
< 50 years	0-15	0-20
50-59 years	0-20	0-25
60-69 years	0-25	0-30
> 70 years	0-30	0-35