

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 |