

# Hemoglobin Level Chart

## *Patient Information*

**Patient Name:**

**Date of Birth:**

**Gender:**

**Medical Record Number:**

## *Hemoglobin Results*

**Date of Test:**

**Hemoglobin Level (g/dL):**

## **Reference Ranges**

**Age Group:**

**Gender:**

**Normal Range:**

## *Interpretation*

- ☐ Within Normal Range
- ☐ Below Normal Range (Possible Anemia)
- ☐ Above Normal Range (Possible Polycythemia)

## *Clinical Notes*

## *Recommendations*

- ☐ Further Evaluation Required
- ☐ Dietary Adjustments
- ☐ Prescribe Iron Supplements
- ☐ Monitor Regularly

## *Provider Information*

**Provider Name:**

**Medical License Number:**

- Phone:
- Email: