

# HCT Blood Test

## Patient Information:

Name:	
Date of Birth:	
Gender:	
Patient ID:	
Date of Test:	
Ordering Physician:	

## Medical History & Related Questions:

Question	Response
Previous diagnoses related to blood health?	
Any symptoms like fatigue, dizziness, or breathlessness?	
History of blood disorders in the immediate family?	
Current medications (including supplements)?	
Recent surgeries or serious illnesses?	

## Tests:

Test Component	Result	Reference Range
Hematocrit (HCT)		38.8-50.0% for men; 34.9-44.5% for women

## Findings:

Parameter	Observation	Basis of Finding
HCT Level		

**Interpretation:**

**Physician's Remarks:**

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Doctor's Signature:

Name:

Date: