

# PLT Blood Test

## Patient Information:

Name:	
Date of Birth:	
Gender:	
Address:	
Phone Number:	
Email:	

## Medical History & Related Questions:

Question	Response
Previous diagnosis of blood disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any recent surgery or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of medication that affects blood clotting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Symptoms such as unusual bruising or bleeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Tests:

Test Name	Date Conducted	Lab Technician

**Findings:**

Parameter	Result Value	Standard Range
Platelet Count		150,000-450,000 per microliter of blood

**Interpretation:**

**Doctor's Notes and Recommendations:**

**Doctor's Signature:**

Signature:

Name:

Date: