**Government of the People’s Republic of Bangladesh**

**Ministry of Health and Family Welfare**

**(Official seal/logo)**

|  |  |
| --- | --- |
| **Serial no.:**  |  |
| **Reference:**  | **Date:**  |
| **Name:**  | **Age:**  | **Sex:** |
| **Religion:** |
| **Father’s/ Spouse’s/Guardian’s name:** |
| **Address:** |
| **Date and Time of Arrival:** |
| **Identified by (Name and Address):** |
| **Identification Marks: 1) 2)** |
| **Date and Time of Admission in the Hospital:** |
| **Date, Time, and place of Examination:** |
| **Consent for physical examination/(শারীরিক পরীক্ষার অনুমতি):** |

আমি/ আমার রোগীকে……………………………………….বয়স…………পিতা………………………..…

ঠিকানা………………………………………………………………সজ্ঞানে বুঝিয়া শারীরিক আঘাতের সঠিক বিবরন লিপিবদ্ধ করার জন্য চিকিতসক দ্বারা আমার শারীরিক পরীক্ষার জন্য অনুমতি প্রদান করছি।

নামঃ

স্বাক্ষর/টিপসইঃ

স্বাক্ষীর নামঃ স্বাক্ষর/টিপসইঃ

**Brief History:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl/No.** | **Type of Injury** | **Site of injury (in relation to anatomical landmark)** | **Description of wound** | **Measurement of the injury** | **Probable age of the injury** | **Nature of injury** | **Type of weapon** | **Remarks/ investigation and procedure** |
|  |  |  |  |  |  |  |  | -Whether X-rayed or other investigations done, -Discharged after first aid treatment or admitted under observation or referred for further reports or management into higher facilities-Any relevant information-Please mention the patient discharged or referred.  |

**List of the injuries:**

 **Opinion:**

 **Date: Signature and seal of examining Doctor:**

 **BMDC Reg No.:**

 **BCS code:**