



Medical Narrative Report Template

- **Patient Information:**

Name: _____

Date of Birth: _____

Date of Evaluation: _____

Date of Injury / Onset of Symptoms: _____

- **History of Present Illness:**

The patient reports that the injury or medical issue occurred on _____ at _____
_____. The patient describes the event as follows:

- **Subjective Complaints:**

The patient reports the following symptoms: _____

Location of pain or discomfort: _____

Severity of pain (0–10 scale): _____

Additional symptoms reported: _____

- **Objective Findings:**

Vitals recorded: _____

Body temperature: _____

Physical examination findings:

Diagnostic testing or imaging results (if applicable):



- **Diagnosis:**

Primary diagnosis: _____

Additional clinical findings (if applicable): _____

- **Treatment Provided:**

Treatment or intervention administered: _____

Medications prescribed: _____

Recommended therapy or follow-up care: _____

- **Work Status:**

Current functional status: _____

Activity restrictions (if any): _____

Return-to-work recommendations: _____

- **Medical Opinion:**

Based on the patient history, clinical assessment, and objective findings, the injuries or medical condition described above are:

Expected prognosis: _____