Medical Narrative Report Template

Patient: [Full name]

Date of birth: [MM/DD/YYYY]

Medical record number: [MRN]

Report date: [MM/DD/YYYY]

Chief complaint:

[One to two sentences on why the patient sought care]

History of present illness:

[Chronological summary of symptoms, onset, and prior treatment]

Clinical findings:

[Exam results, lab values, imaging findings]

Diagnosis:

[Confirmed or working diagnosis]

Treatment and progress:

[Treatments given, dates, patient response]

Outcome and prognosis:

[Current status and expected recovery path]

Prepared by:

[Provider name, title]

[License or NPI number]

[Signature]