

MCV Blood Test

Patient Information	
Name	
Date of Birth	
Gender	☐ Male ☐ Female ☐ Other
Contact Number	
Address	
Medical History	
Previous Blood Disorders	☐ No ☐ Yes Please specify:
Current Medications	☐ No ☐ Yes Please list:
Recent Illnesses/Surgeries	☐ No ☐ Yes Please specify:
Related Questions	
Symptoms Experienced	☐ Fatigue ☐ Dizziness ☐ Shortness of breath ☐ None

Family History of Anemia	☐ No ☐ Yes
Dietary Habits	☐ Omnivore ☐ Vegetarian ☐ Vegan ☐ Other
Tests	
Date of Test	
Lab Technician	
Findings	
MCV Value	
Normal Range	
Interpretation	
Result	☐ Normal ☐ Low ☐ High
Basis of Findings	
Overall Interpretation	
Doctor's Signature	
Name	
Date	