AST Blood Test

Patient's full name: _____ **Date of birth:** _____ dd / mm / yyyy

Age: _____

Gender:

◯ Male ◯ Female

Medical record #: _____

Attending physician's full name: _____

Patient's medical history:

SYMPTOMS

Symptoms

- ☐ Weakness
- ☐ Pain in belly
- ☐ Fatigue
- ☐ Swelling in belly
- ☐ Nausea
- ☐ Jaundice
- ☐ Vomiting
- ☐ Dark-colored urine
- ☐ Loss of appetite
- ☐ Light-colored stool
- ☐ Weight loss
- ☐ Itchy skin

Other symptoms:

AST BLOOD TEST RESULTS

AST blood count: ____ units/L: _____

AST blood count result:

◯ Normal ◯ Mild elevation ◯ Severe elevation

Comments