Form B

Nand Niwas

A Project of Bhagwatidevi Nandlal Agarwal CharitableTrust

MEDICAL STATEMENT

Medical history required to be submitted at the time of admission

Please answer the following questions in Yes or No and give full details, where ever required.

1. Do you suffer from any Physical and Mental illness -Yes/No

   If Yes, please state disability or infirmity.....

2. Do you have at any time suffered or are suffering from-
   a. High blood pressure -Yes/No
   b. Ischemic heart disease/angina -Yes/No
   c. Any valvular defect of heart -Yes/No
3. Have you at any time suffered or suffering from Diabetes Mellitus -Yes/No
   a. Do you require insulin injection daily basis -Yes/No
   b. Have you suffered from Diabetes related complications like
   c. Gangrene of toes –Yes/No
   d. Peripheral Neuritis - Yes/No
   e. Chronic Renal Failure - Yes/ No.....
4. Have you at any time suffered or suffering from Tuberculosis – Yes /No
5. Have you at anytime suffered or suffering from
   a) Asthma – Yes /No
   b) Chronic Bronchitis – Yes /No
   c) Bronchietasis – Yes /No
   d) COPD – Yes /No
6. Have you suffered or suffering from
   a) Fits (Convulsions) – Yes/ No b) Cerebral disorder - Yes/No
7. Ischemic Condition like Transient ischemic attack or Stroke – Yes /No
8. Have you suffered or suffering from psychiatric illness like Depression – Yes /No
9. Have you at any time attempted suicide - Yes /No
10. Are you suffering from
    a) severe arthritis spinal conditions restricting your mobility – Yes /no
    b) any allergy to any food / chemicals / plants – Yes /No
    c) HIV / AIDS / STD – Yes/ No d) Hepatitis B or C – Yes /No

    e) any surgical condition like Hernia /Piles/Varicose veins or any other which will require early surgery

    .....

11. Give particulars of any other illness of diseases or accident or any surgery performed on you.
12. Have you at any time suffered due to Covid - 19 :Yes/No
13. Are you fully vaccinated -Yes/No
    a) FirstVaccine Dose Date .....b) Second Vaccine dose date.....
    c) Booster Dose.....
14. Have you undergone a joint replacement surgery - Yes / No (Givedetails)
    .....
15. Did you suffer anytime from Cancer - Yes /No
16. Do you suffer from prostate or irregularity in urination etc. Yes /No
17. Are you medically insured ?Yes / No (Details with copy of Policy)
    .....

I, Shri / Smt / Ku .....hereby declare that:

1. I am able/not able to take care of my daily routine without any assistance,
2. I am / am not on waiting list for any medical or surgical treatment,
3. I have/ have not received a terminal prognosis for a medical or surgical condition till this date,
4. I further declare with full awareness that the above statements are true, complete and accurate in all respects,
5. I consent for seeking my medical information from medical practitioner who had attended on me in the past,

Sr. No.	Nature Of Illness/disease Injury Or Surgery Received /performed	Date Last Treatment	Name Of Attending Medical Practitioner/ Surgeon With His Address And Tel. No

6. I authorize management of Nand-Niwas to give any information pertaining to me for any official purpose where ever and whenever required,
7. I give my consent to re-examination of my physical and mental health as may be required, by medical practitioner authorized by Nand-Niwas for the purpose of admission.

Place:

Date:

Signature of Applicant

Certificate of the Medical Practitioner

I have examinedShri/Smt.....,age**.....**yrs on....., at**.....**hrs

He/Shesuffers/doesnotsufferfrom

(mention the name of ailment)

and

mention type of care to betaken care shall be taken during his/her stay in Nand-Niwas

I certify that he/she is fit / not fit for to Nand-Niwas - a Bhagwatidvi Nandlal Agarwal Charitable Trust, Home for Senior Citizens.

Examination and case papers are enclosed for reference.

Signature

Name

Registration no. of the Medical Practitioner