

PERSONAL INFORMATION PRO FORMA FOR ONLINE CONSULTATION

(Please fill the information completely and accurately as it will form the basis of your treatment.
Incomplete and incorrect information may result in harm to your health and recovery)

Patients name _____

File no – _____

Do you have any of the following ---

- | | | | |
|--|----------|---------------|-------|
| 1. High blood pressure | yes / no | if yes since | _____ |
| 2. Diabetes | yes / no | if yes since | _____ |
| 3. Heart problem | yes / no | if yes since | _____ |
| 4. Stroke / paralysis | yes / no | if yes since | _____ |
| 5. Asthma | yes / no | if yes since | _____ |
| 6. Kidney problem | yes / no | if yes since | _____ |
| 7. Prostrate problem | yes / no | if yes since | _____ |
| 8. Liver problem | yes / no | if yes since | _____ |
| 9. Digestive problem | yes / no | if yes since | _____ |
| 10. Thyroid problem | yes / no | if yes since | _____ |
| 11. Cancer | yes / no | if yes since | _____ |
| 12. Tuberculosis | yes / no | if yes since | _____ |
| 13. Covid | yes / no | if yes when | _____ |
| 14. Allergy | yes / no | if yes detail | _____ |
| 15. Any other health issue | yes / no | if yes detail | _____ |
| 16. Surgery | yes / no | if yes when | _____ |
| 17. Angiography | yes / no | if yes when | _____ |
| 18. Angioplasty | yes / no | if yes when | _____ |
| 19. Are you participating in any research project? | yes / no | if yes detail | _____ |
| 20. Do you smoke | yes / no | if yes since | _____ |
| 21. Do you use tobacco / gutka | yes / no | if yes since | _____ |
| 22. Do you consume alcohol | yes / no | if yes since | _____ |

23. Currant problem for consultation _____

24. Current medication - please attach current prescription or fill the following format (next page)

I hereby declare that the information given above is true to the best of my knowledge.

Patient- Name –

signature –

Date -