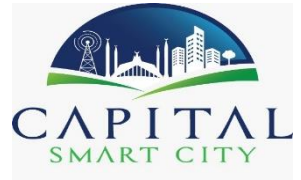




Smart Institute of Rehab Medicine (SIRM)

Capital Smart City Islamabad



HEALTH DIRECTORATE

Department/ Consultant: _____

Patient Name: _____ Age: _____ Gender: _____

CNIC NO: _____ Date: _____

Category: _____

MR NO: _____

Brief History

Examination

Diagnosis

Treatment Advised

Next Visit: _____

