



**MGM**  
NEW BOMBAY HOSPITAL, VASHI



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JCI ACCREDITED

MR. KIRAN BHAGWAN Taware  
HID : MGM240017131IPD MGMP2406720  
ge/Sex 56 Years /M/DOA 05/10/2024  
ED : ECU-001 WARD DEP009  
R : DR.PRASHANT ATHALE

### **SELF DECLARATION FORM OF PATIENT / PATIENT RELATIVE**

Patient Name Kiran Taware Age / Sex 56 yrs 1m UHID: \_\_\_\_\_

I/We Mr. / Ms. / Mrs. Purnima Taware.

declare that whatever history I/We have given regarding the pre-existing diseases & symptoms is true to my/our knowledge. I'm / we're solely responsible for the accuracy of the information.

#### **Pre-existing diseases are :**

Hypertension (HTN)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> From Since Months / Years
Diabetes Mellitus (DM)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> From Since Months / Years
Thyroid	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> From Since Months / Years
Arthtiris	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> From Since Months / Years
Cancer	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> From Since Months / Years
Heart Ailment	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> From Since Months / Years

If yes, What \_\_\_\_\_

Since how many years? \_\_\_\_\_

Signature of Patient / Signature of Relative