



MGM
NEW BOMBAY HOSPITAL, VASHI



MR. KIRAN BHAGWAN TAWARE
HID: MGM240017131 IPD MGMIP2406720
ge/Sex 56 Years / MDOA 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 56yrs / m UHID: _____

I/We Mr. / Ms. / Mrs. Pournima 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 checked="" type="checkbox"/> Y | <input checked="" type="checkbox"/> N | <input type="text"/> From Since Months / Years |
| Diabetes Mellitus (DM) | <input checked="" type="checkbox"/> Y | <input checked="" type="checkbox"/> N | <input type="text"/> From Since Months / Years |
| Thyroid | <input checked="" type="checkbox"/> Y | <input checked="" type="checkbox"/> N | <input type="text"/> From Since Months / Years |
| Arthtiris | <input checked="" type="checkbox"/> Y | <input checked="" type="checkbox"/> N | <input type="text"/> From Since Months / Years |
| Cancer | <input checked="" type="checkbox"/> Y | <input checked="" type="checkbox"/> N | <input type="text"/> From Since Months / Years |
| Heart Ailment | <input checked="" type="checkbox"/> Y | <input checked="" type="checkbox"/> N | <input type="text"/> From Since Months / Years |

If yes, What _____

Since how many years? _____


Signature of Patient / Signature of Relative