NABH ACCREDITED

# MGM
## NEW BOMBAY HOSPITAL, VASHI

Organization Accredited by Joint Commission International JCI ACCREDITED

MRS. LALITA RAVINDRA LOKHANDE
HID MGM16035596 IPD MGMIP2406662
ge/Sex : 68 Years /F DOA : 03/10/2024
ED 606 WARD : SAUN
R : DR.K RAJMOHAN

## SELF DECLARATION FORM OF PATIENT / PATIENT RELATIVE

Patient Name Lalita hookhande Age / Sex 68yo/F UHID:_____

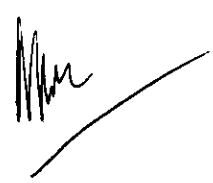
I/We ~~Mr. / Ms. /~~ Mrs. Dr. Mahamad hokhande declare that whatever history I/We have given regarding the pre-existing diseases & symptoms is true to my/our knowledge. I'm / we're solely responsible for the accuracy of the information.

**Pre-existing diseases are :**

| | | | | |
|---|---|---|---|---|
| Hypertension (HTN) | [Y] ✓ | [N] | [ ] | From Since Months / Years |
| Diabetes Mellitus (DM) | [Y] ✓ | [N] | [ ] | From Since Months / Years |
| Thyroid | [Y] | [N] ✓ | [ ] | From Since Months / Years |
| Arthtiris | [Y] | [N] ✓ | [ ] | From Since Months / Years |
| Cancer | [Y] | [N] ✓ | [ ] | From Since Months / Years |
| Heart Ailment | [Y] | [N] ✓ | [ ] | From Since Months / Years |

If yes, What _____

Since how many years? _____



Signature of Patient / Signature of Relative