

**Shiwalaya**

A project of Red Swastik Society for Senior Citizens

**MEDICAL STATEMENT**

**Medical history required to be submitted at the time of admission**

*Please answer the following questions in Yes or No and give full details, where ever required.*

1. Do you suffer from any Physical and Mental illness - Yes/No  
If Yes, please state disability or infirmity.....
2. Do you have you at any time suffered or are suffering from -
  - a. High blood pressure - Yes/No
  - b. Ischemic heart disease/angina - Yes/No
  - c. Any valvular defect of heart - Yes/No
3. Have you at any time suffered or suffering from Diabetes Mellitus - Yes/No
  - a. Do you require insulin injection daily basis - Yes/No
  - b. Have you suffered from Diabetes related complications like
  - c. Gangrene of toes – Yes/No
  - d. Peripheral Neuritis - Yes/ No
  - e. Chronic Renal Failure - Yes/ No .....
4. Have you at any time suffered or suffering from Tuberculosis – Yes / No
5. Have you at anytime suffered or suffering from
  - a) Asthma – Yes / No
  - b) Chronic Bronchitis – Yes / No
  - c) Bronchietasis – Yes / No
  - d) COPD – Yes / No
6. Have you suffered or suffering from
  - a) Fits (Convulsions) – Yes / No
  - b) Cerebral disorder - Yes/ No
7. Ischemic Condition like Transient ischemic attack or Stroke – Yes / No
8. Have you suffered or suffering from psychiatric illness like Depression – Yes / No

9. Have you at any time attempted suicide - Yes / No

10. Are you suffering from

- a) severe arthritis spinal conditions restricting your mobility – Yes / no
- b) any allergy to any food / chemicals / plants – Yes / No
- c) HIV / AIDS / STD – Yes / No
- d) Hepatitis B or C – Yes / No
- e) any surgical condition like Hernia /Piles/Varicose veins or any other which will require early surgery .....

11. Give particulars of any other illness of diseases or accident or any surgery performed on you during the last 12 months preceding this date of this statement ...

Sr. no.	Nature of illness/disease injury or surgery received /performed	Date Last treatment	Name of attending medical practitioner/ surgeon with his address and tel. no
1.			
2.			
3.			

I, Shri/Smt/Ku ..... hereby declare that:

- 1. I am able/not able to take care of my daily routine without any assistance,
- 2. I am / am not on waiting list for any medical or surgical treatment,
- 3. I have/ have not received a terminal prognosis for a medical or surgical condition till this date,
- 4. I further declare with full awareness that the above statements are true, complete and accurate in all respects,

5. I consent for seeking my medical information from medical practitioner who had attended on me in the past,
6. I authorize management of Shiwalaya to give any information pertaining to me for any official purpose where ever and whenever required,
7. I give my consent to re-examination of my physical and mental health as may be required, by medical practitioner authorized by Shiwalaya for the purpose of admission.

Place:

Date:

\_\_\_\_\_  
Signature of Applicant

**Certificate of the medical practitioner**

I have examined Shri/Smt....., age ..... yrs  
on ....., at..... hrs

He/She suffers /does not suffer from (mention the name of ailment) and mention type of care  
to be taken care shall be taken during his/her stay in Shiwalaya.

I certify that he/she is fit/not fit for to Shiwalaya - a Red Swastik Society Project, Home for Senior Citizens.

Examination and case papers are enclosed for reference.

Signature

Name

Registration no. of the Medical Practitioner